

Authorization Letter

Date :

This is to certify that I Andrew Kleven (Applicants Name)
authorize my agent/representative, Whose signature is verified below, to
collect the passport/documents on behalf.

- Name of the Agent/Representative: William Stetter

- ID Number of the person-----

- Contact details of the Agent/Representative: 5750 MERLE HAY RD,
JOHNSTON IA 50131 United States of America

- Signature of the representative authorized to collect-----

- Passport Number or Application reference no of Applicant 026721461

Please note that representatives/agents are required to bring ID card in
original and copy for verification purpose, failing which the passport/
documents will NOT be handed over.

Applicant Signature