

**AUTHORIZATION FORM IN FAVOUR OF VFS VISA APPLICATION CENTRE**

I, (name of the applicant \_\_\_\_\_), holder of passport no: \_\_\_\_\_, Visa applied for: (category of visa \_\_\_\_\_), authorize the VFS staff:

- To submit my visa application at the Consulate General of Spain in Mumbai.
- To receive any communication/information on my behalf.
- To collect the passport on my behalf after the application has been processed.

I also authorize VFS Visa Application Centre to receive and to sign acknowledgement of receipt in my name of any notification, requests, summons, rejection etc from the Consulate General of Spain, as well to undertake at the Consulate General any other step necessary for the processing of the application.

Date:

Signature of the applicant:

Contact details of the applicant:

**AUTHORIZATION FORM IN FAVOUR OF VFS VISA APPLICATION CENTRE**

(For minor applicants)

We, (name of the mother \_\_\_\_\_), holder of passport no: \_\_\_\_\_ and (name of the father \_\_\_\_\_), holder of passport no: \_\_\_\_\_, as parents of the minor applicant(s)

Name of the minor applicant:

Date Of Birth:

Passport no:

Name of the minor applicant:

Date Of Birth:

Passport no:

Name of the minor applicant:

Date Of Birth:

Passport no:

Name of the minor applicant:

Date Of Birth:

Passport no:

authorize the VFS staff:

- To submit his/her/their visa application at the Consulate General of Spain in Mumbai.
- To receive any communication/information on our behalf.
- To collect the passport on our behalf after the application has been processed.

We also authorize VFS Visa Application Centre to receive and to sign acknowledgement of receipt in our name of any notification, requests, summons, rejection etc from the Consulate General of Spain, as well to undertake at the Consulate General any other step necessary for the processing of the application.

Date:

Signature of the mother:

Signature of the father:

Contact details of the parents:

