To: Secretary, Medical Laboratory Technologists Board

## **Letter of Authorization**

I hereby authorize \_\_\_\_\_\_ (HKID Card No. /

Passport No. \_\_\_\_\_\_ ) to collect the Certificate of Registration and

Annual Practising Certificate on my behalf.

Signature	:	
Name of Applicant (in block letters)	t:	
Registration No.	:	
Date	:	