To: Secretary,
Optometrists Board

## **Letter of Authorization**

I hereby authorize			_ (HKID Card N	lo. /
Passport No	) to collect the C	ertificate	of Registration	and
Annual Practising Certificate on my behal	lf.			
	Signature	:		
	Name of Applica (in block letters)			
	Registration No.	:		
	Date	:		