

To : Secretary,  
Occupational Therapists 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)

Registration No. : \_\_\_\_\_

Date : \_\_\_\_\_