To: Secretary,
Physiotherapists Board

## **Letter of Authorization**

I hereby authorize			_ (HKID Card N	Io. /
Passport No.	) to collect the Ce	ertificate	of Registration	and
Annual Practising Certificate on my behalf	2.			
	Signature	:		
	Name of Applican (in block letters)	ıt :		
	Registration No.	:		
	Date	:		