**Authorisation Letter**

*[Company Name]*

[*Registration/Commercial License Number*]

We, [insert ADGM company name] (the “**Company**”), hereby delegate powers to [*insert full name as it appears in his/her passport*], of [*insert nationality*] nationality, holding passport number [*insert passport number*] (the“**Delegated Person**”) to represent the Company before the ADGM Registration Authority (“**ADGM RA**”) for the purpose of processing the Company’s applications whether in person or through the ADGM’s online portal (Access ADGM), for: (please tick one or more of the below)

⃝ **Visa and Letter Services** – access to various visa services such as employee residence visas and dependent visas, requests for work permits and letter services [including but not limited to applications to renew and/or cancel employment visas and applications to renew and/or cancel work permits, statements of account, account top up, and the ability to process payments.

⃝ **Permits Services** – access to various permit requests including but not limited to event permits, trainings & seminars, photography permits, statements of account, account top up, and the ability to process payments.

⃝ **Company Services** - access to all requests related to establishment cards, setting up e-channels account and access to all P.O. Box services, statements of account, account top up, and the ability to process payments.

⃝ **Payment & Account Services** - access to statements of account, account top up, and the ability to process payments.

⃝ **Business Directory Services** - access to business directory and ability to add and modify changes related to the entity’s listing on ADGM digital channels.

The Delegated Person shall have the authority to follow up on the application process of the selected services and sign any relevant forms or applications.

This authorisation letter is valid until the time the Company sends the ADGM RA Corporate Relations Department an official notice of revocation of this authorisation letter.

**Revoke the authority of the entity account for the following user(s):**

User Name: [Insert Access ADGM user name]

Email Address:

Authorised Signatory Name & Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: [\_\_\_\_\_\_\_\_\_]

Delegated Person’s signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: [\_\_\_\_\_\_\_\_\_]

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| --- | --- |
| ***For Official Use*** | |
| ***Corporate Relations / Registration Authority Approval*** | |
| *Name:* |  |
| *Signature:* |  |
| *Date:* |  |