To：Campus Secretariat, Maritime Services Training Institute

Address : 23 Castle Peak Road, Tai Lam Chung, Tuen Mun, New Territories, Hong Kong

Letter of Authorization

I, (Name) _____ , (HKID Card No.: _____) , hereby authorize (Name) _____ , (HKID Card No.: _____) to collect certificate(s) or handle issue(s) on my behalf (please specify course name and course code) : _____

Should you have any enquiries, please contact student at _____.

Student Signature : _____

(Must.be.the.same.as.the.signature.on.the.student.application.form)

Date : _____

Notes :

1. The authorized representative must will be required to produce *his/her original HKID card for checking. A photocopy of student's HKID card (or other supporting documents as required by the Institute) for verification when collecting the item(s).
2. When collecting the certificate, the authorized person must provide a screenshot (SMS/WhatsApp) of the certificate collection notification received by the student.
3. For enquiries or require assistance, please contact the Secretariat of the Maritime Services Training Institute at 2458 3833 or by email at msti@vtc.edu.hk.