



## AUTHORIZATION FORM

**Purpose:** This form authorizes a designated individual to collect personal information from the **PIVA** on behalf of another person.

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### 1. PERSONAL DETAILS OF THE AUTHORIZING PERSON

**Full Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**ID/Passport Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

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### 2. PERSONAL DETAILS OF THE AUTHORIZED PERSON

**Full Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**ID/Passport Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

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### 3. DETAILS OF REQUESTED INFORMATION

I, hereby authorize the forementioned person to collect the following information from the PIVA on my behalf:

- ☐ Proof of Registration (PIVA extract)
  - ☐ Address Verification
  - ☐ Marital Status Confirmation
  - ☐ Other (please specify): \_\_\_\_\_
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#### 4. REASON FOR AUTHORIZATION

- ☐ Personal Use
  - ☐ Legal Requirement
  - ☐ Other (please specify): \_\_\_\_\_
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#### 5. DECLARATION & SIGNATURES

I hereby declare that all the information provided is accurate, and I authorize the above-mentioned person to collect the requested documents on my behalf. I understand that providing false information may result in legal consequences.

**Signature of Authorizing Person:** \_\_\_\_\_

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

**Signature of Authorized Person:** \_\_\_\_\_

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

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#### 6. FOR OFFICIAL USE ONLY

**Received by (Census Official):** \_\_\_\_\_

**Date of Request Processing:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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#### Important Notes:

- ✓ Both the authorizing person and the authorized person must provide a **valid ID or passport**.
- ✓ This form must be submitted in person at the **Census Office**.
- ✓ The authorized person is only allowed to collect the information specified above.