AUTHORISATION LETTER

	date;
	(A 11
1,	(Applicant's name)
authorise my agent/representative,whose nambelow, to submit the Indian Visa Application and	e,contact details and signature are verified documents the processed passport on my behalf.
Name and contact details of the Agency with s (not the number earlier allotted by Visa Centre	· · · · · · · · · · · · · · · · · · ·
Agency SI No.156	
BBTours Visitors Service Dept.Insolutions	
55-3-205 Minamicho Itabashi-ku Tokyo 173-0027 Japan	
TEL 090-3964-3750 Email visitors-svc@in	solutions.jp
Representative Name (who will submit the ap	plication/collect the passport)
1 Fujiya Ryo	2 Akira Kimura
3	4
Signature of the Authorised Agent/Representa	tive:
Applicant's Signature :	
Applicant's Full Name:	
Note: The Agent/Representative has to submi with the Indian Visa Application and show his/h	

verification purposes at the time of submitting the application and collecting

the processed passport.