

**AUTHORIZATION FORM IN FAVOUR OF VFS VISA APPLICATION CENTRE**

(For minor applicants)

We, (name of the mother) \_\_\_\_\_, holder of passport no: \_\_\_\_\_  
and (name of the father) \_\_\_\_\_, holder of passport no: \_\_\_\_\_, as  
parents of the minor applicant(s)

Name of the minor applicant:  
Date of Birth:  
Passport no:

Name of the minor applicant:  
Date of Birth:  
Passport no:

Name of the minor applicant:  
Date of Birth:  
Passport no:

authorize the VFS staff:

- To submit his/her/their visa application at the Embassy of Spain in New Delhi.
- To receive any communication/information on our behalf.
- To collect the passport on our behalf after the application has been processed.

We also authorize VFS Visa Application Centre to receive and to sign  
acknowledgement of receipt in our name of any notification, requests, summons,  
rejection etc from the Embassy of Spain, as well to undertake at the Embassy any  
other step necessary for the processing of the application.

Signature of the mother:

Signature of the father:

Date:

Contact details of the parents:

**ACKNOWLEDGEMENT, RECEIPT OF PASSPORTS**

Today VFS has withdrawn/ received from the Embassy of Spain in New Delhi the  
passport(s) belonging to Mr. /Mrs....., with VFS application  
number.....

Passport number.....

Date:

Name & Signature of VFS Staff

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