

AUTHORIZATION FORM

I /We	hereby authorize Document and Visa
Services to act o	n My/Our behalf represent Me/Us regarding the
processing of Rus	sian Visa (s). The Document and Visa Services is
authorized to drop of	off and pick up the visa application documents and
passport(s) At/From F	Russian Embassy/Consulate, or any other diplomati
	mission in Canada
I/We hereby agree to the Terms and Conditions and Privacy Policy of	
Document and Visa Services.	
Signed on (dd/mm/y	yyy) in the city
Signature of the appl	icant

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