

[Your Name]  
[Your Position]  
[Your Organization]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient Name]  
[Recipient Position]  
[Recipient Organization]  
[Recipient Address]  
[City, State, Zip Code]

Subject: Authority Letter for MMD Signature

Dear [Recipient Name],

I, [Your Name], in my capacity as [Your Position] at [Your Organization], hereby authorize [Authorized Person's Name] to act on behalf of [Your Organization] regarding matters related to the Ministry of Minority Development (MMD).

This authority includes the ability to sign documents, complete forms, and represent the organization in meetings and discussions related to [specific matters or projects].

The authority granted is effective from [start date] and will remain in effect until [end date or "further notice"].

Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Position]  
[Your Organization]