

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

To Whom It May Concern,

Subject: Consent for OCI Application

I, [Your Full Name], born on [Your Date of Birth], holding [Your Passport Number], hereby give my consent for the application for an Overseas Citizen of India (OCI) card.

I acknowledge that this application requires certain personal information and documentation, which I have willingly provided. I understand the importance of this process and confirm that all information submitted is accurate and true to the best of my knowledge.

Please find my details below for reference:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Passport Number: [Your Passport Number]
- Nationality: [Your Nationality]

I authorize [Name of the Person or Organization] to act on my behalf in relation to the OCI application process and to submit my application to the relevant authorities.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Relationship to the Applicant, if applicable]