

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

Subject: Authorization for XNR

Dear [Recipient Name],

I, [Your Name], hereby authorize [Authorized Person's Name] to act on my behalf regarding the XNR process. This authorization includes, but is not limited to, the following:

1. Accessing necessary documents and information related to XNR.
2. Submitting applications and completing required forms.
3. Communicating with relevant parties for the purpose of XNR.

This authorization is effective from [Start Date] until [End Date] or until revoked in writing.

Should you require any further verification, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]
[Your Organization]