## **Authorisation Letter**

To: Scho	ool of Nursing and Health Sciences, Hong Kong	Metropolitan University
I,	(Full Name in English)	*(Student No. /
HKID N	No.), hereby authorise	(Full Name in English)
	*(HKID No. / Passport No.) to colle	
on my be		
(i)	Certificate of Enrolment / Registration	
(ii)	Practising Certificate	
(iii)	Letter to Applicant	
(iv)	Code of Professional Conduct & Code of E	thics for Nurses in HK
(v)	Receipt Issued by Department of Health	
A copy of my Student ID Card / HKID Card is attached for verification purpose and it will be returned to my representative after inspection.		
My representative understands that he / she would be required to present his / her HKID Card / Passport for identification and record purpose when collecting the said document(s) for me.		
I also confirm that my representative shall have the authority to sign for acknowledgement of the receipt of the said document(s). I understand that I shall be fully responsible for the undelivery, if any, of the said document(s) from my representative.		
Applican	nt's Signature:	
Date:		
		*Please delete where inappropriate
This part	to be completed upon collection	_
-	Acknowledgement Receip	t
I, (representative's full name in English) acknowledge receipt		
of the ab	ovementioned document(s) on	(collection date).
Signature	e:	

(10/2024)