



ACS (International)

Schedule E - Prospect Authorisation Letter

Reference: MAR 20051202 V1

I, 保護者氏名 of _____
(Document Identification: 保護者のPassport number もしくは EP number)
hereby authorise the following representative as my proxy to act on matters related my application
for study with ACS (International). 上記に書いたPassport もしくは EP のコピーをご一緒に提出ください

Applicant Details

Name: 生徒氏名
Address: 日本の住所 もしくはシンガポールの現住所
Country: _____ Zip: _____
Voice: _____ Fax: _____
Mobile: _____
Email: 保護者メールアドレス

Representative Details

Company: _____

I understand that it is my responsibility to ensure my representative acts in my best interest with the right I am assigning him/her. I also understand that ACS (International) is not liable for my representative's practices and any non-compliance resulted from correspondence via my representative.

Signature: _____
Name: _____