



AUTHORIZATION LETTER

| DATE: | | |
|--|--|-------------------------|
| CLOUDHAX SDN BHD No 21-3 & 21-3A, 21 ST FLOOR, OVAL DMA NO 685, JALAN DAMANSARA, TAMAN TUN DR ISMAIL, 60000 KUALA LUMPUR Tel: 1300-88-1588 Fax: +603 2856 9926 Email: customerservice@cloudhax.com | ANSARA | |
| Dear Sir/Madam, | | |
| RE: LETTER OF AUTHORIZATION | | |
| I hereby authorize, Mr. / Ms purchased ticket(s) on behalf of me. | , IC: | , to collect my |
| Below is the Event Information: | | |
| ORDER NO / TICKET ID | | |
| EVENT NAME | | |
| EVENT DATE | | |
| TOTAL OF TICKET(S) | | |
| REMARKS | | |
| Enclosed are the copies of my IC/Passpo Thank you very much for your kind coope | ort, E-Ticket and Confirmation email for you | r verification process. |
| Yours Sincerely, | | |
| Name : IC/Passport No. : | | |
| Mobile: | | |

E-mail: