

## AUTHORIZATION LETTER

### To authorize a person to pick up your ABOPass and PIN

Aruba Bank N.V.  
Sales and Customer Support  
Camacuri 12  
P.O. Box 192  
Oranjestad, ARUBA

Date: \_\_\_\_\_

Dear Sir,

I \_\_\_\_\_ living at  
*[Your name in full]*

\_\_\_\_\_  
*[Your address in full]*

hereby, authorize

\_\_\_\_\_ living at  
*[Name of authorized person]*

\_\_\_\_\_  
*[Address of authorized person]*

born in \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_\_  
*[place of birth] [month] [year]*

to pick up my ABOPass and pin mailer at Aruba Bank N.V.

\_\_\_\_\_  
*[Your signature]*

#### Instructions:

1. ABO user should fill out and sign above authorization form.
2. Mail/ forward this form to the person you will authorize (can not be faxed) plus a copy of your ID.
3. Authorized person will need to come to the bank to pick up your ABOPass and PIN with
  - a) this authorization letter;
  - b) a copy of your ID (passport, drivers license or ID Card)
  - c) his/ her valid I.D (from authorized person).

*Note: ABO user will be responsible for the ABOPass package.*