

Form for granting Power of Attorney – English text

I hereby authorize the following person to act as an agent on my behalf in relation to my application, cf. § 12 of the Public Administration Act.

Surname, first name of your agent (name of the person you authorize to act on your behalf)			
The agent's address: (contact address)		Postal code	Place / country
Telephone	Mobile phone	E-mail	Fax

Information about yourself (person granting the power of attorney):

Surname, first name	
Date of birth	DUF number / reference number (if you have it available)
Place and date	Signature

Enclose a copy of an ID document belonging to the person granting the power of attorney (passport or other acceptable ID document) with a visible signature, in the box below.

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