

I, the applicant

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| Applicant’s name:       |
| Applicant’s date of birth:       |
| Applicant’s address:       |
| Applicant’s contact information (email and phone):       |
| Place and date:      | Signature: |

\*Both parents/guardians must sign this declaration

**I, the applicant’s parent/guardian (1)**

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| Name:       |
| Date of birth:       |
| Address:       |
| Contact information (email and phone):       |
| Place and date:      | Signature: |

**I, the applicant’s parent/guardian (2)**

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| Name:       |
| Date of birth:       |
| Address:       |
| Contact information (email and phone):       |
| Place and date:      | Signature: |

We hereby grant:

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| Name of holder of power of attorney:       |
| Company, if relevant:       |
| Address of holder of power of attorney:       |
| CVR no. or CPR no. of the holder of power of attorney:       |

power of attorney to represent me/the applicant during the processing of my/the applicant’s case, including the reopening of my/the applicant’s case, by the Danish Agency for International Recruitment and Integration. This means that the holder of the power of attorney among other things has the right to,

* submit an application for a residence permit on my/the applicant’s behalf,
* receive right of access to the documents in my/the applicant’s case,
* submit statements for use in the processing of the case, and
* receive confidential and personal information contained in the application and in my my/the applicant’s case.
* Letters will in general only be sent to the holder of the power of attorney.

The power of attorney ends when the Danish Agency for International Recruitment and Integration has finalized the processing of my/the applicant’s case. I am/We are, however, at any time able to withdraw the power of attorney by informing the Danish Agency for International Recruitment and Integration.