

Power of attorney

I,

_____ (applicant's name)

_____ (applicant's address)

_____ (applicant's date of birth)

_____ (applicant's Alien Identification Number /CPR number, if applicable)

hereby grant

_____ (name)

_____ (company, if applicable)

_____ (address)

_____ (CPR number/CVR number)

permission to act on my behalf during processing of my application by the Danish Immigration Service.

The individual granted power of attorney will be authorised to:

- submit an residence permit application on my behalf,
- request access to all records relating to my application,
- make statements for use in connection with my application and
- receive sensitive information about me, including my personal affairs

Place and date:

Applicant signature:
