



Consent to assistance

I

Applicant's name
Applicant's address
Applicant's date of birth
Applicant's CPR no. or personal ID

hereby consent to

Name
Address
CPR no. / CVR no. and if applicable, organization, firm, or public authority
Telephone number

assisting me in my pending cases at the Danish Immigration Service at the time I issue the consent form.

This means that the person can

- receive confidential and personal information in the cases, including the status of the cases and any decisions
- request right of access, and
- request postponement of a deadline for submitting information to the cases or a deadline for responding to a party consultation.

The person can also receive information about my previous cases in the Immigration Service if the information is relevant to or included in the processing of my pending cases.

The power of attorney ends when the Immigration Service has completed the processing of the cases that are included in the consent form, and any appeal deadlines have expired. I can always withdraw the consent by contacting the Immigration Service.

Date	Applicant's signature
------	-----------------------