

POWER OF ATTORNEY

PersonID./DNK

I, _____,

(First name and surname of the person giving the right to represent her/him to another person)

hereby give full power of attorney to

(First name, surname, address of the person, who will represent another person and CPR-number)

**who will represent me in my case before the Immigration Appeals Board,
regarding _____**

**decided by the Danish Immigration Service/the Danish Agency for Labour
Market and Recruitment on _____.**

(Date)

**The power of attorney means that the person receiving the power of
attorney is granted all rights and is responsible for all duties connected to
the processing of the case by the Immigration Appeals Board. The
Immigration Appeals Board will correspond only with this person during
the processing of the case.**

Date: _____ Signed: _____

**The power of attorney is only valid if signed by the person who is giving
the power of attorney.**