

# 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  
International Recruitment and Integration/the Danish Return  
Agency 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.**