



Power of attorney

I

name: _____

social security number/date of birth: _____

hereby grant

name: _____

social security number/date of birth: _____

**power of attorney (permission to act on my behalf) regarding my
case/inquiry at Copenhagen Citizen Service about:**

Date: _____ **Your signature:** _____

Date: _____ **Representative's signature:** _____

The power of attorney expires at (date)*: _____

* If no expiry date is specified, the power of attorney expires one year from the date of issue.

You can revoke the power of attorney at any time by requesting to get it back from the representative or to have it destroyed.