



Power of attorney

Case No.: _____

My name is: _____

My address is: _____

My telephone number is: _____

I give power of attorney to

Name: _____

Name of company/organization, if any: _____

Address: _____

Telephone number: _____

I realize that all letters from the Department of Civil Affairs, including rulings, will be sent to my party representative for the duration of the power of attorney.

The power of attorney is cancelled when the Department of Civil Affairs has concluded its processing of my case. However, I may at any point cancel the power of attorney by informing the Department of Civil Affairs.

(place, date)

(my signature)