

Power of attorney

Applying to open cases at the Swedish Migration Agency

Use this power of attorney if you want a representative to represent you in your contact with the Swedish Migration Agency and the courts that handle migration cases. It is possible to have several representatives representing you.

You should enclose a copy of the power of attorney to your application if you want a representative to represent you.

You can revoke your power of attorney at any time by submitting the form Revocation of power of attorney, 111011, to the Swedish Migration Agency.

Note that it is not possible to have a representative apply for Swedish citizenship. Do not use this power of attorney if you are seeking asylum.

1. Personal details of the representative

Surname (Family name)	First name(s)
Date of birth/Personal ID No. (YYYYMMDD-NNNN)*	Telephone number
Address	
Email address	

* The personal identity number must be stated in order for the representative to be able use digital verification when contacting the Swedish Migration Agency by telephone.

I hereby confirm that the person above. or the person they appoint in their place, is my representative.

The representative has a power of attorney to represent me in matters that are processed under the Aliens Act, Aliens Ordinance Act or the Swedish Citizenship Act. The representative also has the power of attorney to represent me in matters where I represent children under the age of 18.

The power of attorney applies to all open cases at the Swedish Migration Agency and is valid until I revoke it. If I do not revoke the power of attorney, it will expire when the matters to which the power of attorney relates have been finally decided on.

On my behalf, the representative can submit an application, appeal a decision or a judgment, request a review and receive or collect a residence permit card. The representative may represent me and take part of all documents and receive notices and services.

2. Your personal details

Surname	First name(s)
Date of birth/Personal ID No. (YYYYMMDD-NNNN)	Telephone number
Address	
Email address	
Case number or control number (Only needs to be filled in if you have a case number or control number.)	

3. Your signature

Place and date	Signature
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