

Revocation of power of attorney

Use this form if you want to revoke a power of attorney from the Swedish Migration Agency.
You cannot use this form to revoke a power of attorney that you have given to your public counsel.

1. The power of attorney is hereby revoked for the representative

Surname (Family name), First name(s)
Date of birth/Personal ID No. (YYYYMMDD-NNNN)
Address

2. The revocation takes effect

Mark with a cross.

<input type="checkbox"/> immediately
<input type="checkbox"/> starting on (YYYY-MM-DD)

3. Your personal details

Surname	First name(s)
Date of birth/Personal ID No. (YYYYMMDD-NNNN)	Case number
Address	

4. Your signature

Place and date	Signature

You can send the form to
Swedish Migration Agency
601 70 Norrköping