



Power of attorney

Use this power of attorney if you are going to move to someone, work, study or visit Sweden, apply for passport, residence card, certificate of permanent right of residence or residence status or if you have applied for Swedish citizenship and you want someone 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.

Do not use this power of attorney if you are seeking asylum.

| Surname (Family name), First name(s) Date of birth/Personal ID No. (YYYYMMDD-NNNN) Address | | | |
|---|---|---|--|
| | | | |
| | | hereby confirm that the person above or the person they appoint in their place – s my representative. | |
| My representative has power of attorney to | represent me in a matter concerning a | | |
| residence permit | permanent right of residence | | |
| - work permit | residence status | | |
| - visa | Swedish citizenship | | |
| alien's passport | public counsel | | |
| - travel document | refusal of entry | | |
| residence card | expulsion | | |
| My representative can submit an application, appear econsideration on my behalf. My representative notifications or service. In addition, my representa- appear for me. Note that it is not possible to have | may access any documents and receive ative may perform all the measures required and | | |
| This power of attorney is valid until I revoke it. If o apply when the matters the power of attorney re | f I do not revoke it, this power of attorney ceases relates to have been finally decided. | | |
| 2. My personal details | | | |
| Surname | First name(s) | | |
| Date of birth/Personal ID No. (YYYYMMDD-NNNN) | Case number or control number* | | |
| Address | | | |
| Only needs to be filled in if you have a case number or contr | rol number. | | |
|) My signatura | | | |
| B. My signature | | | |

Signature

Place and date