

Power of attorney

Financial compensation, bank card and social situation – for asylum seekers registered with a reception unit

Use this power of attorney if you are an asylum seeker and want a representative to represent you while your case is being handled by the Swedish Migration Agency's reception units and service centres.

This power of attorney document should not be used if you are going to move in with someone, work, study or visit Sweden. Use form 107011 for this instead.

You may revoke your power of attorney at any time by submitting form 111011 for revocation of power of attorney to the Swedish Migration Agency.

If you want to receive a housing allowance, daily allowance or a special allowance – i.e., assistance according to the Law (1994:137) on the Reception of Asylum Seekers, etc. (LMA) –, you will need to apply for these benefits and sign your application form. By signing the application form, you confirm, to the best of your knowledge and belief, that the information you have provided is true. The Swedish Migration Agency will not be able to review your application until this is done. The Swedish Migration Agency will not review your application if it is signed by someone other than yourself, even if you have given this person power of attorney. This is stipulated in Section 8 of the Regulation (1994:361) on the Reception of Asylum Seekers, etc. (FMA).

1. I hereby confirm that

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

is my representative.

The representative has power of attorney concerning (mark with a cross)

<input type="checkbox"/> special allowance	<input type="checkbox"/> accommodation fee
<input type="checkbox"/> daily allowance	<input type="checkbox"/> collection of bank cards
<input type="checkbox"/> housing allowance	<input type="checkbox"/> my social situation
<input type="checkbox"/>	

My representative may receive all documents concerning the above on my behalf.

The power of attorney is valid until I revoke it.

2. My personal data

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

3. My signature

Place and date	Signature