



Fulltrú / Power of Attorney

I the undersigned

Applicant's name	Applicant's date of birth
Applicant's address	
The applicant's civil registration number (p-tal), if applicable.	

hereby grant

Name of holder of power of attorney	Company, if relevant
Address of holder of power of attorney	
Civil registration number or VAT registration number (v-tal) of the holder of power of attorney	

power of attorney to represent me during the processing of my case, including the reopening of my case, by the Immigration Office (Útlendingastovan)

This means that the holder of the power of attorney among other things has the right to,

- submit an application for a residence permit on my behalf,
- receive right of access to the documents in my case,
- submit statements for use in the processing of the case, and
- receive confidential and personal information contained in the application and in my case.

Letters will in general only be sent to the holder of the power of attorney. The power of attorney ends when the Immigration Office has finalized the processing of my case. I am, however, at any time able to withdraw the power of attorney by informing the Immigration Office.

Place and date:	Applicant's signature:
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