

VEDLEGG 2 TIL RS UDI 03-28 OPA
Saksnummer: 03/7045

POWER OF ATTORNEY

I hereby authorize

_____ (Name)

_____ (Address)

to act on my behalf regarding my application, of Public Administration Act Section 12.

I also want to be informed about the decision, as well as my representative.

Name:

Place:

Date:

Signature: