

Authorisation

I undersigned _____ born on / / hereby
(The applicant's name – please use block letters) dd / mm/ yy

give _____ born on / / authorisation to
(The representative's name – please use block letters) dd/ mm/ yy

Please mark with X – more than one alternative is accepted

- follow up the process/status concerning my application for residence permit / visa
- receive documents previously submitted to the Icelandic Directorate of Immigration concerning my application for residence permit/visa
- appeal the decision made by the Icelandic Directorate of Immigration to the Ministry of Justice if my application for residence permit/visa will be refused.

Information concerning the representative (please use block letters)

Address:	
Area code and place:	
Phone at work /home:	
Mobile number:	
E-mail address:	

(Applicant's signature as in passport/travel document)

(Place)

(Date of signature)

(Witness of right signature of the applicant)

(Witness of right signature of the applicant)