

Authorisation

I, the undersigned _____ born ____/____/____ ,
 (Applicant's name – please use block letters) dd / mm / yy

hereby give _____ born ____/____/____ authorisation to:
 (Representative's name – please use block letters) dd / mm / yy

Please check applicable choice (more than one alternative is accepted)¹

- Represent me with respect to my application for residence permit/icelandic citizenchip/visa, dated _____
- Receive documents from the Icelandic Directorate of Immigration concerning my application for residence permit/icelandic citizenchip/visa dated _____
- Appeal the decision of the Icelandic Directorate of Immigration, to the Ministry of the Interior, if my application for residence permit/icelandic citizenchip/visa, dated _____ is refused.
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Please note that only one person can represent the applicant. If the applicant wishes to change representaton, he/she must do so in writing and inform the Icelandic Directorate of Immigration, as well as submit a new authorisation form.

Information on the representative (please use block letters)

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

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

 (Place)

 (Date of signature)

 Name, date of birth (witness of applicant's signature)

 Name, date of birth (witness of applicant's signature)

¹ It is necessary to refer to the date of application, to validate the authorisation.