

Power of attorney

Use this power of attorney if you are going to move to someone, work, study or visit Sweden, apply for passport, residence card or residence status or if you have applied for Swedish citizenship and you want someone to represent you.

You can revoke your power of attorney at any time by submitting the form Revocation of power of attorney, 111011, to the Swedish Migration Agency.

Do **not** use this power of attorney if you are seeking asylum.

1. I hereby confirm that

Surname (Family name), First name(s) (Name of person representing)
Date of birth/Personal ID No. (YYYYMMDD-NNNN) (Social security number of person representing)
Address (Address for person representing)

–or the person they appoint in their place – is my representative.

My representative has power of attorney to represent me in a matter concerning a

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|--------------------|-----------------------|
| – residence permit | – residence status |
| – work permit | – Swedish citizenship |
| – visa | – public counsel |
| – alien's passport | – refusal of entry |
| – travel document | – expulsion |
| – residence card | |

My representative also has power of attorney to represent me in a case where I represent a child under 18 years.

My representative can submit an application, appeal a decision or judgment and request a reconsideration on my behalf. My representative may access any documents and receive notifications or service. In addition, my representative may perform all the measures required and appear for me. Note that it is not possible to have a representative apply for Swedish citizenship.

This power of attorney is valid until I revoke it. If I do not revoke it, this power of attorney ceases to apply when the matters the power of attorney relates to have been finally decided.

2. My personal data

Surname (Last Name for person applying)	First name(s) First name of person applying
Date of birth/Personal ID No. (YYYYMMDD-NNNN) Social security number for person applying	Case number If you have a case number write it here.
Address Address for person applying.	

3. My signature

City and date (person applying)	
Place and date	Signature