Power of Attorney

The Undersigned

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of applicant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address of applicant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date of birth of the applicant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Udl.no./CPR-no. of the applicant, if available)

hereby authorizes

Camilla Jonsen/ Reena Singh Justsen /Nickoline Rugaard

(name of holder of PoA)

COWI A/S

(company)

Parallelvej 2, 2800 Kgs. Lyngby

(address of holder of PoA)

44 62 35 28

(CPR-no./CVR-no. of holder of PoA)

to act as my representative in connection with the processing of my application with the Danish Agency for International Recruitment and Integration.

This means that the holder of the PoA among other things will be authorized to

* make the application of work-/residence permit on my behalf
* have access to relevant documents related to my application
* give opinions on my behalf in connection with the processing of my application
* receive confidential information about me, including my private circumstances

Place and date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_