

POWER OF ATTORNEY

It is important that you save this form onto your local drive. We recommend that you send the completed form in a message to the Danish Data Protection Agency via Digital Post at Borger.dk. You can also print the form and send it to us by letter.

Remember to notify us directly if you no longer want the power of attorney to apply.

My name is: _____

My address is: _____

My phone number is: _____

I give the power of attorney to

Name: _____

Address: _____

Telephone number: _____

He/she will deal in my stead and for my benefit regarding my complaint at the Danish Data Protection Agency (be my "party representative").

My complaint is regarding: _____

I know that all letters from the Danish Data Protection Agency will be sent to my party representative for as long as the mandate is valid. However, I can withdraw the power of attorney at any time by notifying the Data Protection Agency.

(Place, date)

(My signature)