



POWER OF ATTORNEY

Please print, complete and sign this form. You may send the original signed power of attorney by post. Alternatively, you may send a copy of the power of attorney via the Danish version of the complaint form on our website or via Digital Post or secure e-mail.

Please remember to inform the Parliamentary Ombudsman's office directly if you no longer want the power of attorney to be valid.

More information about powers of attorney can be found on our website under the heading 'Complaints, 'Complaint on behalf of another person'.

My name is: _____

Case No. _____

My address is: _____

My telephone number is: _____

I hereby give power of attorney to:

Name: _____

Address: _____

Telephone number: _____

He/she shall act for, and instead of, me in relation to the complaint I have lodged with the Ombudsman (i.e. be my representative).

My complaint concerns: _____

I understand that all letters from the Parliamentary Ombudsman's office will be sent to my representative for the duration of this power of attorney. I may, however, revoke this power of attorney at any point in time by informing the Parliamentary Ombudsman's office.

(Place and date)

(My signature)