

<b>Principal's (giving the power of attorney) details</b>	<b>Your details</b>	
	Name/Business _____	CPR no./CVR no. _____
	Address _____	Phone no. _____
	Postcode _____ Town/city _____	

<b>Agent's (receiving the power of attorney) details</b>	<b>Hereby gives power of attorney to</b>	
	Name _____	CPR no./CVR no. (choose either) _____
	Address _____	Phone no. _____
	Postcode _____ Town/city _____	

**As my representative in dealings with the Danish Tax Agency (Skattestyrelsen)**

If you do not set any limitations on the power of attorney, the Danish Tax Agency will consider it to give full authority for representation according to the rules of the Danish Public Administration Act (*Forvaltningsloven*). If you want to give full authority, you should simply sign and date the form below.

This means that your representative will have the right, without any time restriction, to provide and receive information and make decisions on your behalf, unless you limit the power of attorney. You can withdraw the power of attorney at any time.

<b>Limitations of the power of attorney</b>	<b>This power of attorney is limited to:</b>	
	Tick the box <input type="checkbox"/>	Providing and receiving information by phone and in meetings _____
	Tick the box <input type="checkbox"/>	Receiving and sending information and documents _____
	Tick the box <input type="checkbox"/>	Other: (write here) _____
<b>This power of attorney applies to:</b>		
Tick the box <input type="checkbox"/>	The case with the reference no. or case ID: _____	
Tick the box <input type="checkbox"/>	All cases regarding: (describe subject/area) _____	
Tick the box <input type="checkbox"/>	Other: (write here) _____	

<b>Period of validity of the power of attorney</b>	<b>The power of attorney is valid until you withdraw it, unless you limit it to a specific date or case</b>	
	The power of attorney is valid until (enter date) _____	Tick the box <input type="checkbox"/> The case is closed
	Date and signature, principal (your signature) _____	