



Consent and power of attorney form

1. I consent to NOAS having the right to request and access my documents in my case/s concerning residence in Norway, and to other documents containing my personal information stored by other public authorities or private entities. NOAS is also authorised to store a copy of documents concerning residence in Norway, and to other documents containing personal information as defined by article 9.1 of the General Data Protection Regulation (GDPR).
2. I provide NOAS power of attorney to represent me in relation to my case/s concerning residence in Norway pursuant to section 12 of the Norwegian Public Administration Act. Thus, I provide NOAS power of attorney to take all legal steps which are relevant in order to provide legal aid in a case concerning residence in Norway, for instance by representing me before administrative authorities and to submit complaints to the Norwegian Ombudsperson (Sivilombudet).
3. Note that NOAS only represents me in a case concerning residence pursuant to section 12 of the Norwegian Public Administration Act if this has been explicitly confirmed by NOAS, for instance in a written letter sent by and from NOAS to an administrative authority.

Please write in capital letters, and sign using your signature.

The authorising party

First name Your first name **Surname** Your surname

Citizenship The country you are from **Date of birth** Date.Month.Year you are born

DUF-number DUF NUMBER **Place/Date** Where you are now and date

Signature Handwritten signature **Signature legal guardian** Handwritten signature guardian

(if the authorising party is below the age of 18)



My case concerns:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Asylum | <input type="checkbox"/> Permanent residence permit | <input type="checkbox"/> Travel document for refugees | <input type="checkbox"/> Withdrawal/cancellation |
| <input type="checkbox"/> Family immigration | <input type="checkbox"/> Citizenship | <input type="checkbox"/> Travel document for foreigners | <input type="checkbox"/> Expulsion |

CONTACT INFORMATION

The applicants name YOUR WHOLE NAME

Phone YOUR PHONE NUMBER Email Your Email

Name of reception centre Name of the reception centre you live at
(if you live in a reception centre)

Mailing address The address where you get mail

Postcode Post Code where you live Town The town you live in

Country The country where the address is

MY LAWYER

(optional)

Name Your lawyers whole name (not at NOAS)

Phone Your lawyers phone number

CONTACT PERSON

(optional/possible reference person in case of family immigration)

I want to authorize this person so that he/she can act on my behalf and contact NOAS about my case:

Name Your contact persons whole name

Phone Contact persons phone number Email Contact persons email

Address Contact persons whole address

Fill out this form and send it to NOAS by post or encrypted e-mail via the encrypted link on our website.

Address: NOAS, Torggata 22, 0183 Oslo

HOW TO FIND YOUR DUF NUMBER

ASYLSØKERBEVIS

Kortet kan ikke benyttes som ID-kort.

ETTERNAVN
TESTESEN

FØRSTENAVN
TESTER

STATSBORGERSKAP
TURKMENISTAN

FØDELSDATO: **14.03.2009**

BEFTATT DATO: **14.03.2013**

ØRETTET
Tester Testesen

TRUKK
189 CM
187 CM
KJØNN
M

UTSTEDT PÅ: **10.03.2014**

DUF **0000 000000 00**

UDI

Vedtak -

Navn:
Født dato:
Kjønn:
Statsborgerskap:
Fødeland:
Ref.nr:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]



UTLENDINGSNEMNDA
UNE

Utlendingsnemnda (UNE) har fattet følgende vedtak

Ref.nr:
Saksnummer:
Navn:
Født dato:
Statsborgerskap:
Advokat:
Utreisefrist:

[REDACTED]
001
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Vedtaksdato: