

Power of attorney

I, the Principal,

First name (as in passport): _____

Last name (as in passport): _____

(Please indicate the name of the person **granting** the power of attorney)

Born: ___|___|___ in _____

Matriculation/Application number: _____

Address: _____

Authorize the attorney-in-fact,

First name (as in passport): _____

Last name (as in passport): _____

(Please indicate the name of the attorney-in-fact)

Born: ___|___|___ in _____

Address: _____

to perform all actions required in connection with the **application**, to make declarations and to obtain information.

This power of attorney also includes the authority to receive documents and certificates.

This power of attorney is valid for winter/summer semester ____.

Date, signature of the Principal

Note:

This power of attorney must be accompanied by the following documents:

1. A copy of the Principal's identity card (front and back) or passport, along with a certificate of residence.
2. A copy of the attorney-in-fact's identity card (front and back) or passport.

Wissen durch Praxis stärkt