

## Power of Attorney

for visits to authorities and doctor's visits

I, the undersigned

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(First and last name)

born on \_\_\_\_\_, residing at

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(Street, house number, postal code, city)

hereby authorize

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(First and last name of the authorized representative / accompanying person)

in my name

– at authorities (e.g., immigration office, job center, social welfare office) to submit applications, receive official notices, and obtain information,

– at doctors and in hospitals to participate in consultations, obtain information, and accompany me to appointments.

The authorized representative acts on my behalf. I reserve the right to revoke this power of attorney in writing at any time.

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(Place, date)

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(Signature of the principal)