

Power of Attorney

Signatory 1 (part 1):

Name:		Tel. no.:	
Address:		E-mail:	
Postal Code:			
City:			
Country:			

Signatory 2 (part 2):

Name:		Tel. no.:	
Address:		E-mail:	
Postal Code:			
City:			
Country:			

Authorizes power of attorney to:

Name:	Hazem Adnan Alkhani	Tel. no.:	+45 91636766
Address:	Slogsgaden 12, st	E-mail:	Hazem007@msn.com
Postal Code:	6372		
City:	Bylderup - Bov		
Country:	Denmark		
Case number:		(Not mandatory)	

With this power of attorney, the person is authorized to handle the entire process of our application with the Agency of Family law, for a certificate of marriage to be granted in Denmark. The above person is our representative and is now acting on our behalf.

We acknowledge that all correspondence from the Agency of Family law in the future will go through our representative (power of attorney).

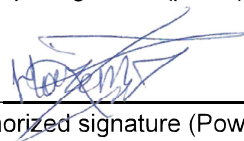
The power of attorney ends when the Agency of Family law has completed this application.
We may withdraw the power of attorney at any time by notifying the Agency of Family law.

Place/date Principal signature (part 1)

Place/date Principal signature (part 2)

Bylderup - Bov

Place/date



Authorized signature (Power of Attorney)