

I want an attorney in my case at National Office for Health Service Appeals



National Office for
Health Service Appeals

1. Who is granting power of attorney?

1.1 Full name:	1.2 National ID number (11 digits):
1.3 Street / PO Box:	1.4 Mobile number:
1.5 Postal code and place:	1.6 Case number:

2. Who are you granting power of attorney to?

2.1 Full name:	2.2 National ID number (11 digits):
2.3 Street / PO Box:	2.4 Mobile number:
2.5 Postal code and place:	

3. Other information or limitations?

3.1 Other information or limitations in the power of attorney

3.2 What happens when I grant another person power of attorney?

- We will contact your attorney about your case, instead of you. This means that your attorney will be our contact person concerning your case and will receive all the correspondence from us (decisions, letters etc.).
- Your attorney will be entitled to see all the documents in your case, including health and financial information.
- Your attorney will be able to make decisions concerning any questions in your case.
- Your attorney will be responsible for informing you/us in the event of any new developments.

The power of attorney will remain in force until the case is closed or you revoke the power of attorney.

4. The signature of the person giving the power of attorney

4.1 Place and date	4.2 Signature
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