

Fuldmagt på engelsk

I, [Name of the Principal], born on [Date of Birth], residing at [Address], hereby grant power of attorney to [Name of the Attorney-in-fact], born on [Date of Birth], residing at [Address], to act on my behalf in the following matters:

[Specifically describe what the attorney-in-fact is entitled to do – e.g., sign documents, represent me in legal proceedings, manage banking affairs, etc.]

[Further specifications or conditions, if necessary]

This power of attorney shall come into effect on [Start Date] and remain valid until [End Date or "until revoked in writing"].

Signed on [Date]

[Name of the Principal]

[Signature]

Witnesses:

[Name of Witness 1]

[Name of Witness 2]

[Optional notary stamp, if necessary]