

APPLICATION FOR ISSUING A POWER OF ATTORNEY

BUYER	
LAST NAME	
MIDDLE NAME	
FIRST NAME	
PROFESSION	
PLACE OF BIRTH	
DATE OF BIRTH	
NATIONALITY	
PASSPORT NO.	
PASSPORT ISSUE DATE	
PASSPORT PLACE OF ISSUE	
ADDRESS	
PHONE NUMBER	
FATHER'S NAME AND LAST NAME	
MOTHER'S NAME AND LAST NAME	
THE LAWYER of Other person	
LAST NAME	
NAME	
ADDRESS	

Oslo,

(Signature)