



Power of attorney to handle my affairs through public digital services

I hereby authorize the party listed below to act on my behalf through the public digital services that use the Ísland.is authorization system. By doing so, I agree that the person has access to all my data at organizations that use the Ísland.is authorization system, including data in the digital mailbox, information related to my health, assets, finances, family relations at the National Register and more. The power of attorney also includes authorization for the person to submit applications in my name to the authorities that use the power of attorney system. Information about which public bodies use the authorization system can be found on the website of Stafrænt Ísland at <https://island.is/en/authorisation-and-accesscontrol-on-island-is>

Everything done under this power of attorney is as if the signatory had done it himself.

Agents name	Agents Personal Identification Number

This general mandate is indefinite* unless otherwise stated below:

Temporary to date.: _____

Place and date: _____

Grantors signature: _____

Grantors Personal identification number: _____

Witnesses to correct date and signature:

Name: _____ PID: _____

Name: _____ PID: _____

* Please note that this authorization only grants authority for digital services through the Ísland.is authorization System. It does not grant authority for other services or systems. The authorization can always be revoked in person at District Commissioner offices or through access control on my pages at Ísland.is