



General mandate 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 from organizations that use the Ísland.is authorization system, including data in the digital mailbox, information related to my health, assets, finances, family relations according to the National Registry and more. The mandate also includes authorization for the person to submit applications in my name to the authorities that use the authorization system.

Everything done under this general mandate is as if the signatory had done it himself.

Agent is the receiver of the general mandate

Agents name:	
Agents Personal identification number:	
Agents email:	
Agents phonenumber:	

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