

**POWER OF ATTORNEY
(Mandate convention)**

I, the undersigned:

Surname			
Name			
Nationality			
Address of residence	Street :	House Number :	<input type="text"/>
	City:	Postal Code :	<input type="text"/>
	Country :		

Authorise Mister/Madam:

Surname			
Name			
Nationality			
Address	Street :	House Number :	<input type="text"/>
	City:	Postal Code :	<input type="text"/>
	Country :		

to receive in my name the authorisation to reside, which will be issued by the Ministry for Foreign and European Affairs, Directorate of immigration, Department for foreigners, if all conditions are fulfilled.

Letters of the Directorate of immigration should be sent to the following address (if the address is different from the address of the attorney indicated) :

Postal address	Street :	House Number :	<input type="text"/>
	City:	Postal Code :	<input type="text"/>
	Country :		

Signed in / on (place and date): _____	Signed in / on (place and date): _____
Signature of the constituent :	Signature of the delegate :
_____ (signature preceded by « good for power of attorney »)	_____ (signature preceded by « good for approval »)

Information note on the protection of personal data

The Directorate of Immigration of the Ministry of Foreign and European Affairs collects and uses your personal data in the context of its public interest mission in implementation of the amended law of 29 August 2008 on the free movement of persons and immigration, and in compliance with the legal provisions on data protection. More detailed information on the processing of your data, as well as on your rights in the matter, are available on the website: <https://maee.gouvernement.lu/en/services-aux-citoyens/visa-immigration.html>