

Power of Attorney

I (full name and date of birth of an applicant) _____

hereby authorize (full name and date of birth of an authorized person; passport or ID #, contact telephone #) _____

to act as my representative in all matters relating to my application for a visa at the Consular Section of the Embassy of the Russian Federation in Stockholm.

My representative has the right to:

- submit my application and visa documents (and/or applications and visa documents of my children) at the Consular Section of the Embassy;
- communicate with the Consular Section of the Embassy on my behalf;
- retrieve the decision and my passport (and/or passports of my children) from the Consular Section of the Embassy.

This also includes the authorization to receive and sign off on a possible rejection of my visa application as if I were served personally.

Date

Signature