

Power of Attorney

I the undersigned:

Applicant's name:	Applicant's date of birth:
Applicant's address:	
The applicant's personal ID or CPR no., if applicable:	
Phone no:	E-mail:

hereby grant:

Name of the agent:
E-mail:
Phone no.:

power of attorney to act as a representative on my behalf during the processing of my application by International Business Academy, within the following scope:

- to sign and submit applications for admission on my behalf for a period of one year from the date of my signature,
- to act on my behalf to ensure enrolment, to the extent permitted by the existing agency agreement between the agency and International Business Academy,
- to request and receive confidential and personal information from International Business Academy concerning my enrollment, attendance and expulsion, if any, for a period of up to one year from the date of my signature,
- to forward a copy of this power of attorney agreement to IBA.

I confirm that I have received the following information:

- the agent does not have a right to evaluate whether the admission requirements of a programme have been met,
- the agent's actions or omissions on my behalf are binding on my behalf,
- I am at any time able to withdraw this power of attorney agreement by informing International Business Academy accordingly.

Under criminal liability law, I also declare that all information and documentation given by the agent or provided by me directly to IBA is true and correct.

Place and date:	Signature:
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