

# AUB (the Employers' Reimbursement System)

## Power of attorney for Praktikplads-AUB

AUB (the Employers' Reimbursement System)

Power of attorney to submit documentation with the purpose of changing educational information

Kongens Vænge 8  
DK-3400 Hillerød

Submit the power of attorney digitally via [www.borger.dk/aub-kontakt](http://www.borger.dk/aub-kontakt)

Tel.: +45 70 11 30 70  
[Borger.dk/aub](http://Borger.dk/aub)

Postal address: Arbejdsgivernes Uddannelsesbidrag, Kongens Vænge 8, DK-3400 Hillerød

Telephone hours  
Mon-Thurs 08:00-16:00  
Friday 08:00-15:30

## Your data (the represented person)

Name	Civil registration (CPR) no. -
Address	Telephone number

## Enter name of representative (the person receiving the power of attorney)

Name (person or company)	Date of birth or CPR No. -
Address	Telephone number
Contact person (only where the power of attorney is given to a company)	

## You grant power of attorney to

I grant power of attorney for the representative to submit documentation on my behalf regarding my education for the use for changes to my educational information related to Praktikplads-AUB.

### NOTE

The power of attorney shall be valid for 30 days after you sign it.

You can revoke the power of attorney at any time by contacting Praktikplads-AUB. If you have previously granted a power of attorney to a different person, this new power of attorney shall replace the previous one.

## Date and signature (the represented person)

Date	Your signature
------	----------------

If you have not turned 18, the declaration must be signed by the parental authority or guardian.

Date	Your signature
------	----------------