

Stadtverwaltung Kaiserslautern
Referat Migration und Fachkräfteeinwanderung
- Zentrale Ausländerbehörde für
Fachkräfteeinwanderung Rheinland-Pfalz -
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First person granting the authorization (First parent/ Legal guardian/ Employee)

First and last name
of employee

Date of birth

Address

ZIP-code and city

Second person granting the authorization (Second parent/ Legal guardian/ Spouse)

First and last name
of spouse

Date of birth

Address

ZIP-code and city

Authorized person (employer of sponsor)

Name of company

Power of attorney to apply for family reunion (children) related to a fast-track process according to §81a AufenthG

We hereby give authorization to

*[Employer name/ **Manager**]*

represented by

*[Name of the person who has permission from the manager -
power of attorney and if needed sub-authorization
has to be attached],*

to apply for the family reunion related to the fast-track process according to §81a AufenthG of the following named children at the responsible immigration office and for any other associated procedures necessary as listed in §81a Abs. 3 AufenthG and to represent us in these procedures with regard to all extrajudicial legal matters.

1. First child

First and last name

Date of birth

Address

ZIP-code and city

2. Second child

First and last name

Date of birth

Address

ZIP-code and city

3. Third child

First and last name

Date of birth

Address

ZIP-code and city

I grant the authorized representative the authority to make statements and take actions, legally binding, that are permitted under law and are necessary for the process.

In particular the power of attorney includes:

- representation in all matters necessary for the fast-track process to the responsible immigration office, to the office responsible for recognition of qualifications and to any other responsible authorities
- submitting the required documents for the process, including my personal information and
- receiving written and electronic documents regarding the process, conducting correspondence and opening mail addressed to me.

The employer has the right to issue as well as to revoke a sub-authorization, which must not exceed the extent of this authorization.

Please note that the form for the sub-authorization may be used as an attachment to this power of attorney in accordance with §81a Abs.1 AufenthG.

The authorization expires with completing the family reunion process of the spouse.

[Location, Date, Signature of people granting authorization (Both sponsor and spouse)]

*[Location, Date, Signature of authorized person **Employer**]*