

## Application form - exceeded application deadline or documentation deadline

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### 1. Personal details:

Danish CPR-number (or your birthdate DD.MM.YY in the case you do not have a Danish CPR-number):

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First name(s):

Surname:

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Phone number:

E-mail:

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Address:

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Zip code:

City/Country:

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### 2. I apply for dispensation for (use space for marking):

Exceeded application deadline or documentation deadline

Other type of dispensation: What? \_\_\_\_\_

### 3. The following documentation is enclosed to my application for dispensation (Examples could be medical records or a doctors note):

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

F. \_\_\_\_\_

**4. Additional comments (clarification of your application):**

