MEDICAL POWER OF ATTORNEY & LIVING WILL

I, <NAME AND SURNAME>

living at <ADDRESS>

born on the <DATE OF BIRTH>

at <PLACE OF BIRTH>

declare:

- that I have carefully considered what my will in a medical situation is or setting, in case of illness or need, also when the end of my life is approaching;

- that I want to appoint several medical authorised representatives to look after my medical interests completely on my behalf with due regard for my wishes and my religion when I am no longer able to do so myself;

- that I wish to record my wishes in this document and that I also wish to record my wishes regarding medical decision-making and medical decisions in this power of attorney.

1 . MEDICAL POWER OF ATTORNEY

1.1 I hereby grant full medical power of attorney to the following persons - hereinafter referred to as: '(medical)authorised representatives':

<NAME AND SURNAME>

<DATE OF BIRTH>

<PLACE OF BIRTH>

and

<NAME AND SURNAME>

<DATE OF BIRTH>

<PLACE OF BIRTH>

and

<NAME AND SURNAME>

<DATE OF BIRTH>

<PLACE OF BIRTH>

These proxies are equally competent and authorised. As they all have a good understanding of my wishes, they are able to carry out their duties as medical authorised representatives.

1.2 In the event that the Trustees die or for any other reason become unable to represent my interests, I hereby expressly request that my attending physician(s) fulfil the wishes expressed by me in this Power of Attorney.

Date and place

Name and signature

1.3 I hereby grant permission/authorisation to my (future) attending physician(s) and/or other medical professionals to provide authorised persons at all times with all information about my clinical picture, the care and support I receive or need, my health, both physical and mental, about my place of residence or domicile and other relevant personal data. I hereby also give permission to give full information to the proxies as information is/would be given to me, going on to give all medical information concerning me as well as access and right to full and complete copies of my medical data and/or my medical file.

1.4 I give permission to my authorised representatives to make decisions for me as if I had made the decisions myself and to use my data according to their decision. I authorise my (future) treating physician(s) and/or other medical professionals to consider the decisions of my proxies as my personal decisions.

2. LIVING WILL

2.1 I wish to be kept alive for as long as possible, even if that means there is no chance of recovery and/or I will suffer more pain and/or discomfort than if I had not received any more treatment. I wish to receive all treatments, even if that means there is no chance of recovery and/or I will suffer more from pain and/or discomfort than if I had not received any more treatments.

2.2 I do not wish to receive pain relief or other (alleviating) medications, unless one of my authorised representatives has given explicit permission to do so.

2.3 I wish, if my authorised representatives so decide, to receive second opinions about my condition, already received treatments and results and possible (future) treatments as well as about decisions to be made and taken.

2.4 I wish, if my authorised representatives so decide, to receive treatment elsewhere or to be transferred to another hospital or (health) care institution for whatever reason, given by them.

2.5 I am approaching the end of my life when it is stipulated by Islamic provisions. I will fight for life, I believe that cure for all diseases are possible. Therefore, I wish to receive all possible medicines and treatments. My authorised representatives will present my situation to an Imam, theologian or Islamic scholar of their choice and decide if and when my final stage of life according to Islam, begins or has begun.

2.6 If my end of life approaches, I wish to be given space and the opportunity - in accordance with my religious views (and way of life) - to practice my Islamic rituals and expressions of faith. Even if I am not able to perform them myself. My authorised representatives will communicate with the caregivers what we mean by Islamic rituals and expressions of faith.

2.7 This **Power of Attorney** and **Living Will** shall commence on the date of signature, and shall be valid indefinitely. This document has legal force and is expressly considered to be a valid and legally recognised written statement by me in the event that, for whatever reason, I am unable to make independent decisions regarding my (medical) situation. By signing this **Power of Attorney** and **Living Will**, I revoke any similar statements previously signed by me.

Date and place Name and signature

2.8 I have carefully considered this Power of Attorney and Living Will, I have kept myself well informed about it, and I am in possession of my full mental faculties/senses/abilities at the time of signing.

3. ADDITIONAL STATEMENTS AND WISHES

Date and place

Name and signature