

Letter of authorization form

Assignor of authorisation: (Full name)				
(3				
Personal identity code:				
Representative:	<u> </u>			
(Full name)				
Personal identity code:				
,				
Matter(s) the representative is auti Please, be explicit.	norized for on be	ehalf of the ass	signor:	
Signature and print name of assignor			Place and time	
This letter of authorization is valid	6 months			
	J			

Tapiolan Lämpö Oy

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