

## Letter of authorization form

Assignor of authorisation: (Full name)	
Personal identity code:	_____ -- _____

Representative: (Full name)	
Personal identity code:	_____ -- _____

Matter(s) the representative is authorized for on behalf of the assignor:  
Please, be explicit.


\_\_\_\_\_

Signature and print name of assignor

\_\_\_\_\_

Place and time

This letter of authorization is valid 6 months.