

Letter of authorization form

| Assignor of authorisation: (Full name) | | | |
|---|-----------------------------------|--------|-------------------|
| | | | |
| Personal identity code: | | | |
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| Representative: | | | |
| | | | |
| (Full name) | | | |
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| Personal identity code: | | | |
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| Matter(s) the representative is autho | rized for on behalf of the assid | nnor: | |
| Please, be explicit. | nized for our behalf of the assig | grior. | |
| riease, be explicit. | | | |
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| Signature and print name of assigno | r | | Place and time |
| organization and print name of assigno | • | | . Idoo dha tiilio |
| | | | |
| This letter of authorization is valid 6 | months. | | |

Ehta isännöinti

Mäntyviita 2, 02110 Espoo

business ID 0194085-4, www.ehtaisannointi.fi