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Granting a power of attorney		
Last name of the grantee	First name of the grantee	Personal identity number of the grantee *
Postal code	Post office (in most frequent use)	
is authorized to receive and sign for the items that require signing when collecting from the post office		
Grantor		
Grantor (name of the company/organization or person)		Business ID/social security number
<input type="checkbox"/> Period of validity	<input type="checkbox"/> Power of attorney for individual mail item	
Term: [Day] [ ] [Month] [ ] 20 [ ] [ ] - [Day] [ ] [Month] [ ] 20 [ ] [ ] Mark the item-specific item ID (fill in the item identification code) [ ]		
Valid until further notice from [ ] [ ] [ ] [ ]. The power of attorney can be valid for a maximum of 3 years.		
The grantor will not be notified of the termination of the power of attorney. The grantor must grant another power of attorney when the period of validity is terminated.		
Location and date		
Signature and name of the grantor in print		
Postal address of the grantor		
The grantor's position in the organization such as CEO, procurator holder, etc. In other cases, guardian, trustee, etc.		
Revoking the power of attorney		
Last name of the grantee	First name of the grantee	Personal identity number of the grantee *
the power of attorney granted to the aforementioned person has been revoked (the authorization has been revoked) from [ ] 20 [ ]		
The person revoking the power of attorney (name of the company/organization or person)		Business ID / social security number
Date and the signature and position in the organization of the person revoking the power of attorney.		

To be filled in by customer

To be filled in by an Posti representative

The grantor's procurator has been verified		
<input type="checkbox"/> Extract from the trade register <input type="checkbox"/> Extract from the register of associations <input type="checkbox"/> Other document, what? _____		
Postal code	Date	Posti representative

\* Based on legislation governing postal services  
 Posti Ltd. Domicile: Helsinki Business ID 0109357-9 Address: PL 7, 00011 POSTI

Fill in, print and sign the power of attorney (PDF), and deliver it to the post office where your items will be picked up using the authorization.

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