

Power of attorney (Write in print)

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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 pers	on)	Business ID/social security number	
ner	Period of validity	Power of attorney for individual mail item		
	·			
Istoi	Term: [Day][Month]20 [Day][Month]20 Mark the item-specific item ID (fill in the item identification code)			
א כר בר		. The power of attorney can be valid for a maximum of 3 years.		
in b	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.			
To be filled in by customer	Location and date			
be fi				
힏	Signature and name of the grantor in print			
	Postal address of the grantor			
The grantor's position in the organization such as CEO, procuration 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	the power of attorney granted to the aforementioned person has been revoked (the authorization has been revoked)			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 norman)	Dusing and ID / and significant with the supplier	
	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.				
	bare and the signature and position in the organiza	ion of the person revoking the power of unomey.		
tive	The grantor's procuration has been verified			
senta				
repre				
n Post		from the register of associations Other document, what?		
ı by aı	Postal code Date	Posti representative		
To be filled in by an Posti representative				
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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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^{*} Based on legislation governing postal services Posti Ltd. Domicile: Helsinki Business ID 0109357-9 Address: PL 7, 00011 POSTI