

POWER OF ATTORNEY FOR THE OPEN UNEMPLOYMENT FUND A-KASSA

Information regarding the authorising party

Name of the authorising party	
Personal ID code	

Information regarding the authorised person

Name of the authorised person	
Date of birth	
Address	
Phone number	

I hereby authorise the above-mentioned person to:

	give and receive information on my behalf in matters related to application for and payment of daily allowance; <i>Note: The authorisation does not apply to completing applications for daily allowance or changing personal information (e.g. address, bank account number).</i>
	represent me in an appeal, please include the decision number(s);
	receive information regarding my state of health (e.g. period of illness, pending pension application);
	take care of the following itemised matters only:

The authorisation will remain valid

for the period ____ . ____ . _____ - ____ . ____ . _____

until further notice, but no longer than two (2) years from the date of signing.

Place and date	
Signature of the authorising party	