

POWER OF ATTORNEY 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	
email	

I hereby authorise the above-mentioned person to:

<input type="checkbox"/>	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>
<input type="checkbox"/>	represent me in an appeal, please include the decision number(s);
<input type="checkbox"/>	receive information regarding my state of health (e.g. period of illness, pending pension application);
<input type="checkbox"/>	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	