



POWER OF ATTORNEY

Information, see overleaf

For Posten's use only

Approved on SSID	Power of attorney approved, date and signature	Removed, date and signature	Document number
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Please print Fill out the light gray boxes (minimum order to approve the mandate) and other fields as needed

Validity period of power of attorney	Until further notice from (YYYY-MM-DD)		A proxy can be up to 5 years.	
	For the time (YYYY-MM-DD) inclusive (YYYY-MM-DD)			
	Appointer is not notified when the mandate expires. The person conferring the power of attorney is responsible for monitoring the validity period of the power of attorney and any renewal of the power of attorney.			
Person conferring the power of attorney <input type="checkbox"/> Company <input type="checkbox"/> Private individual	Last name, first name or company name (in accordance with a reg. certificate) Org. reg. no/personal id. no.			
	Street, box or similar			
	Postcode and town or city			
	Telephone number (including dialing code)			
Address where the power of attorney shall be valid	Street, box or similar			
	Postcode and town or city			
Representative 1	Last name and first name	Date of birth (YYMMDD)		
Representative 2	Last name and first name	Date of birth (YYMMDD)		
Representative 3	Last name and first name	Date of birth (YYMMDD)		
The representatives sign	<input type="checkbox"/> Each on his/her own behalf <input type="checkbox"/> Jointly			
Signature	1. Date and signature of person conferring the power of attorney/person signing on behalf of the company		Date of birth (YYMMDD)	
	Name in typescript		Proof of identity/proof of registration	
	(only when the company characterized by two in compound)	2. Date and signature of person conferring the power of attorney/person signing on behalf of the company		Date of birth (YYMMDD)
		Name in typescript		Proof of identity/proof of registration
Signature of person conferring the power of attorney/person signing on behalf of the company witnessed	Signature and name in type script			
	Witness's address (street, postcode and town or city)			
	Telephone number (home and work, including dialling code)		Proof of identity	

BI 5460.67E (jan 12) Retention: 2 år

CONFIRMATION, POWER ATTORNEY

Name of representative 1	Name of representative 2
Name of representative 3	
The power of attorney has been submitted to Posten	Date
Power of attorney valid up to and including	Date

ISSUED/SENT TO THE PERSON CONFERRING THE POWER OF ATTORNEY

Information

The name and date of birth (YYMMDD) of the person on whom the power of attorney is conferred (=the representative) must be stated. A blank power of attorney will not be approved.

Submit the power of attorney to Posten Business Center one week before it must begin to apply. Submit the power of attorney in person and show adequate proof of identity. If you show adequate proof of identity, your signature will not need to be witnessed. The following proofs of identity are considered adequate:

- An identity Card bearing the SIS mark (Standardisering i Sverige [Standardisation in Sweden]).
- Identity card, issued by Tax authority.
- National Identitycard, issued by the Swedish police.
- A Swedish driving licence.
- An EU passport. Please note that passport from Bulgaria, Cyprus and Romania and provisional passports are not valid.
- Foreign passport outside EU.
- Foreign national ID card from an EU/EES country and also Switzerland
- A fully laminated driving licence from an EU/EES country and also Switzerland

N.B. If you are unable to submit the power of attorney in person. The person witnessing your signature must appear and show adequate proof of identity. **The witness may not be a representative.** The power of attorney begins to apply when you have been notified by Posten that the power of attorney has been approved.

The power of attorney is not valid if the sender has requested that the item of mail must be acknowledged by the recipient in person.

The person conferring the power of attorney is responsible for monitoring the validity period of the power of attorney and any renewal of the power of attorney. Posten does not send out reminders regarding renewal of powers of attorney.

The power of attorney applies up to and including the stated date or until it is revoked, though up to a maximum of five years from when it is conferred.

The power of attorney will be registered in a computerised register of powers of attorney.

The power of attorney ceases to apply if the person conferring the power of attorney dies.

Posten files powers of attorney that have ceased to apply.

Legal rules on powers of attorney are contained in the second chapter of the avtalslagen [Swedish Contracts Act] (SFS [Svensk författningssamling - Swedish Code of Statutes] 1915 no. 218) These legal rules including the following provisions:

- A power of attorney must be cancelled in the same way as it was conferred, i.e. in writing.
- If the period of validity of the power of attorney was limited when the power of attorney was conferred, it ceases to apply from the prescribed moment.

Cancellation of power of attorney (Please print!)

The addressee's name or company name (person conferring the power of attorney) and telephone no (inc the dialling code)	Org. reg. no/personal id. no.
I cancel the power of attorney for (representative's name) representative 1	Date of birth (YYMMDD)
I cancel the power of attorney for (representative's name) representative 2	Date of birth (YYMMDD)
I cancel the power of attorney for (representative's name) representative 3	Date of birth (YYMMDD)
Place, date and signature of person conferring the power of attorney/person signing on behalf of the company	

The cancellation of a power of attorney is submitted to the office where the power of attorney was presented.

Cancellation of power of attorney (Please print!)

The addressee's name or company name (person conferring the power of attorney) and telephone no (inc the dialling code)	Org. reg. no/personal id. no.
I cancel the power of attorney for (representative's name) representative 1	Date of birth (YYMMDD)
I cancel the power of attorney for (representative's name) representative 2	Date of birth (YYMMDD)
I cancel the power of attorney for (representative's name) representative 3	Date of birth (YYMMDD)
Place, date and signature of person conferring the power of attorney/person signing on behalf of the company	