

Please text or fill in on a computer.

Fill out the light gray boxes (minimum order to approve the mandate) and other fields as needed.

Power of attorney	Company name (in accordance with a reg. certificate)		Organization number
	Street, box or similar		C/O
	Postcode	Postal address	
	Telephone number (including dialing code)	E-mail (confirmation is sent by email only)	

Power of attorney is valid	<input type="checkbox"/> Registered office address		
	<input type="checkbox"/> All company addresses		
	<input type="checkbox"/> Stated address	Street, box or similar	
Postcode		Postal address	

Validity period	A proxy can be up to 5 years.	
	<input type="checkbox"/> Until further notice as of	Date (YYYY-MM-DD)
		For the time (YYYY-MM-DD) inclusive (YYYY-MM-DD)
	<input type="checkbox"/> Between specified dates	

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.

Power of attorney	Power of attorney acknowledges		
	Date of birth (YYYYMMDD-NNNN)	First name	Last name
	Date of birth (YYYYMMDD-NNNN)	First name	Last name
	Date of birth (YYYYMMDD-NNNN)	First name	Last name
	Date of birth (YYYYMMDD-NNNN)	First name	Last name
	Date of birth (YYYYMMDD-NNNN)	First name	Last name

Signature	Date and signature of person conferring the power of attorney / person signing on behalf of the company		Date of birth (YYYYMMDD-NNNN)
	Name in typescript		Identification (to be filled in by Postnord)
	Place, date and signature of the person giving the power of attorney		Date of birth (YYYYMMDD-NNNN)
	Name in typescript		Identification (to be filled in by Postnord)
	The power of attorney's signature witnessed		
	Signature	Name clarification	
	Witness' address (street, box or similar)	Postcode	Postal address
Telephone number (home and work, incl. area code)		Identification (to be filled in by Postnord)	

Information

The name and date of birth (YYYYMMDD-NNNN) 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 PostNord 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.

For information on which identification documents are considered valid, see www.postnord.se

NOTE! 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 PostNord 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. PostNord 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.

PostNord 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 for business! Please text or fill in on a computer!

Cancellation of power of attorney for business	Company name (in accordance with a reg. certificate)		Organization number
	Telephone number (including dialing code)		
	Date of birth (YYYYMMDD-NNNN)	First name	Last name
	Date of birth (YYYYMMDD-NNNN)	First name	Last name
	Date of birth (YYYYMMDD-NNNN)	First name	Last name
	Date of birth (YYYYMMDD-NNNN)	First name	Last name
	Date of birth (YYYYMMDD-NNNN)	First name	Last name
	Place, date and signature of the person giving the power of attorney		Date of birth (YYYYMMDD-NNNN)
	Name in typescript		Identification (to be filled in by Postnord)