aaria

Power of attorney – Authorisation to act on your behalf with Aaria Unemployment Fund

1. Details of the person granting the power of attorney

First name and surname _____

Personal identity code _____

Telephone number _____

2. Details of the authorised representative

First name and surname _____

Personal identity code _____

Address _____

Postcode _____

Town/City _____

Telephone number _____

3. Authorisation

☐ The authorised representative may act on my behalf in all matters with Aaria Unemployment Fund.

☐ The authorised representative may act on my behalf only in the following matter(s) with Aaria Unemployment Fund: _____

I consent to the disclosure to the authorised representative of confidential information necessary for carrying out their duties.

Information relating to my financial circumstances ☐ yes ☐ no

Information relating to my health ☐ yes ☐ no

4. Validity of the power of attorney

☐ This Power of Attorney remains valid until further notice.

☐ This Power of Attorney is valid until: _____

5. Signature of the person granting the power of attorney

Place and date _____

Signature _____