

Power of attorney

Principal		Agent	
Principal/firm, first and last name		Agent/firm, first and last name	
Personal /Corporate ID number	Telephone number	Personal /Corporate ID number	Telephone number
Distribution address		Distribution address	
Postcode and city		Postcode and city	
E-mail		E-mail	

Scope of power of attorney

Period of validity

Power of attorney is valid for 6 months with effect from / 20.....

The power of attorney may be withdrawn in writing during the period of validity.

Installation ID:

I hereby authorise the agent to:

Obtain statistics of consumption of electricity and district heating

Obtain information about my electricity agreement

Obtain information about installation(s)

Represent me in my case with Skellefteå Kraft AB

Other

Signature

This power of attorney applies to the period above. If no period of validity is stated, it is valid until withdrawn in writing.

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Signature of principal/authorised signatory

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Date

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Name printed