

POWER OF ATTORNEY OF A DEATH ESTATE

Please fill in all the fields. The Power of Attorney (PoA) is valid for two years.



THE DECEASED

Name		
Social security number (SSN)		N.B.! Also the latter part.
Date of death	day/month/year	

CUSTOMER NUMBER

ADDRESS OF THE PLACE OF ENERGY USE

Please fill in the number(s) and address(es) that this PoA concerns.

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AUTHORIZED AGENT

Name		N.B.! Also the latter part.
Social security number(SSN)		
Telephone number		
Email address		
Postal address		

AUTHORIZATION

We authorize the person we appoint to comprehensively handle matters related to the death estate's contracts with Vaasan Sähkö and/or Vaasan Sähköverkko.

PARTIES TO THE DEATH ESTATE

Signature, name in block letters, place and date along with social security number (incl. the latter part) of all parties to the estate.

Did you get this form as part of an encrypted e-mail? Please return the completed and signed form as a response to the same message.