

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	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	
Telephone number	
E-mail 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.
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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.
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