



## **POWER OF ATTORNEY**

### **THE GRANTER (tenant)**

Name: \_\_\_\_\_

Social security number: \_\_\_\_\_

E-mail address and telephone: \_\_\_\_\_

### **THE ATTORNEY (a person who has a power of attorney to manage matters related to the tenancy)**

Name: \_\_\_\_\_

Social security number: \_\_\_\_\_

Address: \_\_\_\_\_

City and postal code: \_\_\_\_\_

E-mail address and telephone: \_\_\_\_\_

### **APARTMENT TO WHICH THE POWER OF ATTORNEY APPLIES**

Address of the apartment: \_\_\_\_\_

City and postal code: \_\_\_\_\_



## THE SCOPE OF POWER OF ATTORNEY

This power of attorney entitles the attorney to conduct a wide range of matters related to the tenancy with TVT Asunnot Oy and its subsidiaries. The authorization applies among other things, but is not limited, to the following matters:

- a) to receive information about the rental agreement and payment matters related to rental agreement
- b) to sign and terminate the parking space agreement
- c) to receive notifications related to the rental agreement (e.g., warning, termination notice or rescission notice)
- d) to submit and receive information about the housing application and its process

The authorization, however, does not extend to signing, terminating, or rescinding the rental agreement.

## VALIDITY

- This power of attorney will be valid until further notice.
- This power of attorney will be valid until \_\_\_\_/\_\_\_\_20\_\_\_\_.

## TRANSFERRING POWER OF ATTORNEY

Transferring the power of attorney from one person to another is not allowed.

## SIGNATURES AND DATE

Date:

Date:

Place:

Place:

\_\_\_\_\_

\_\_\_\_\_

Signature of the granter

Signature of the attorney

