

To be filled in by customer	Granting a power of attorney		
	Last name of the grantee		First name of the grantee
	Postal code		Post office (in most frequent use)
	Personal identity number of the grantee *		
	is authorized to receive and sign for the items that require signing when collecting from the post office		
	Grantor		
	Grantor (name of the company/organization or person)		Business ID/social security number
	Period of validity		
	Power of attorney for individual mail item		
	Term: [Day] ____ [Month] ____ 20 ____ - [Day] ____ [Month] ____ 20 ____ Mark the item-specific item ID (fill in the item identification code) _____		
Valid until further notice from _____. The power of attorney can be valid for a maximum of 3 years.			
The grantor will not be notified of the termination of the power of attorney. The grantor must grant another power of attorney when the period of validity is terminated.			
Location and date			
Signature and name of the grantor in print			
Postal address of the grantor			
The grantor's position in the organization such as CEO, procurement holder, etc. In other cases, guardian, trustee, etc.			
Revoking the power of attorney			
Last name of the grantee		First name of the grantee	
Postal code		Post office (in most frequent use)	
Personal identity number of the grantee *			
the power of attorney granted to the aforementioned person has been revoked (the authorization has been revoked) from ____ 20 ____			
The person revoking the power of attorney (name of the company/organization or person)		Business ID / social security number	
Date and the signature and position in the organization of the person revoking the power of attorney.			

To be filled in by an Posti representative	The grantor's procuration has been verified		
	<input type="checkbox"/> Extract from the trade register	<input type="checkbox"/> Extract from the register of associations	<input type="checkbox"/> Other document, what? _____
	Postal code	Date	Posti representative

* Based on legislation governing postal services
Posti Ltd. Domicile: Helsinki Business ID 0109357-9 Address: PL 7, 00011 POSTI

Fill in, print and sign the power of attorney (PDF), and deliver it to the post office where your items will be picked up using the authorization.