



Authorization

Date: ____ / ____ / ____

Information regarding the subscriber

Name and last name: _____

Date of birth: _____

Address: _____

Contact number: _____

ID number: _____

Information regarding the authorized person

Name and last name: _____

Date of birth: _____

Address: _____

Contact number: _____

ID number: _____

What is the relationship between the subscriber and the authorized person (For example: father, son or employee)?

By means of this letter, the subscriber consents for the authorized person to represent him/her in all matters regarding the services offered by SETAR for the period of: up to and including(1 year maximum). During this period, the authorized person must submit this letter in any transaction on behalf of the subscriber.

Signature:

The subscriber

The authorized person

Attention:

Requirements for customers: A valid identification document (ID, driving license or passport) and, if applicable, a valid work/residence permit of both the subscriber and the authorized person

Additional requirements for business customers: An extract from the Chamber of Commerce, not older than 6 months