

Intrum AG Eschenstrasse 12 8603 Schwerzenbach

## **Power of authority**

Herewith I authorise (principal)

Name,	
First name: Date of birth,	
Place:	
Street,	
Housenumber:	
Zip code,	
Place:	
Phonenumber:	
	n (authorised person):
Name, First name:	
Date of birth,	
Place:	
Street,	
Housenumber:	
Zip code,	
Place:	
Phonenumber:	
<ul> <li>Each cur every info</li> <li>The colle receive extension</li> </ul>	holds for (please mark) rent collection file all financial affairs at Intrum Justitia AG to handle for me and receive rmation which is essential.  ction file the financial affairs at Intrum Justitia AG to handle for me and very information which is essential.  is (please mark) time until (date) or
Place, date	Signature of the principal