TRIANON

POWER OF ATTORNEY

The person granting power of attorney

Tenant´s name/company:	Personal number/company registration number
Address (apartment):	Postal code and city (apartment):
Tenant´s phone number:	Tenant´s signature:

The person receiving power of attorney

Name/company:	Personal number/company registration number
Address:	Postal code and city:
Phone number:	Signature

To collect the keys, the representative needs to bring the lease agreement as well as their own and the leaseholder's identification. A copy of the leaseholder's ID (both front and back) is acceptable.

POWER OF ATTORNEY (scope of the authorization)

I, the undersigned principal, hereby grant the agent the authority to act on my behalf to

Act as a representative for the collection and/or return of keys.

(Tick the box for yes)

Key collection: ☐

Key return: ☐