

Power of attorney

Date: ____ / ____ / ____

AUTHORISER	
Name, surname:	Personal code:
Address:	
VOLITATAV	
Name, surname:	Personal code:
Address:	
Address of place of consumption:	

I hereby authorise to:

1. Represent me in all proceedings with Alexela AS in all service channels (incl e-service);
2. Conclude, amend and terminate electricity agreement;
3. Give consent to receive offers on products and services from Alexela AS, to request consumption data from Elering;
4. View and pay received invoices, perform all other activities related to electricity agreement and receive information.

Beginning of authorisation: ____ / ____ / ____ End of authorisation: ____ / ____ / ____

If the beginning of the authorisation is not indicated, it is valid from the date of preparation of the power of attorney. If the end date is not specified, the authorisation is valid for an indefinite period and Alexela must be contacted to revoke it.

The power of attorney is only valid at the representation of Alexela.

The power of attorney has been issued without the right of sub-delegation.

Name of authoriser	Signature
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