



STUDENTBOSTÄDER
I SVERIGE AB

Power of attorney

Proxy sensors

Nam _____

Personal number _____

Address _____

Zip code/city _____

Phone number _____

Authorized representative

Name _____

Personal number _____

Address _____

Zip code/city _____

Phone number _____

The authorization is intended:

The undersigned proxy gives full authority hereby to represent me in my place at key collection / Access and inspection of the rental apartment and sign the necessary papers in connection with this.

Address of the rental apartment to which this refers:

Address: _____

Apartment number: _____

Zip code: _____

City: _____

Authorization period valid

From:

Until:

Signature of the Power of Attorney

Date and city

Signature of the proxy

Date and city
