

# Power of attorney

| Principal                           |                  | Agent                           |                  |
|-------------------------------------|------------------|---------------------------------|------------------|
| Principal/firm, first and last name |                  | Agent/firm, first and last name |                  |
| Personal /Corporate ID number       | Telephone number | Personal /Corporate ID number   | Telephone number |
| Distribution address                |                  | Distribution address            |                  |
| Postcode and city                   |                  | Postcode and city               |                  |
| E-mail                              |                  | E-mail                          |                  |

## Scope of power of attorney

Period of validity  
Power of attorney is valid for 6 months with effect from ..... / ..... 20.....  
The power of attorney may be withdrawn in writing during the period of validity.

Installation ID:

I hereby authorise the agent to:

|   |  |
|---|--|
| <input type="checkbox"/> Obtain statistics of consumption of electricity and district heating | <input type="checkbox"/> Obtain information about my electricity agreement |
| <input type="checkbox"/> Obtain information about installation(s)                             | <input type="checkbox"/> Represent me in my case with Skellefteå Kraft AB  |
| <input type="checkbox"/> Other .....  |  |

## Signature

This power of attorney applies to the period above. If no period of validity is stated, it is valid until withdrawn in writing.

.....  
Signature of principal/authorised signatory

.....  
Date

.....  
Name printed

## Send the form to

Skellefteå Kraft  
Kanalgatan 71, 931 80 Skellefteå  
You can also email the completed form to:  
[kundservice@skekraft.se](mailto:kundservice@skekraft.se)

