

Authorisation for third parties



Changing finances
for the better.

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20099 Hamburg

Please return the completed form to us immediately:

By E-Mail:
service@eos-did.com

In the matter of claim number(s):

(Please enter the 11-digit claim number(s))

I hereby authorise,

Your first name Last name:

residential:

Your street, house number:

Your postcode, city:

following person to represent me:

Mr / Mrs / diverse

First name Last name Authorised representative:

residential:

Street, house number Authorised representative:

Postcode, city Authorised representative:

Relationship to me:

(e.g. spouse, partner, acquaintance, family member)

Place, date:

Signature:

(To sign digitally, you can also use the Acrobat function „Fill in and sign“).

Notes:

- Please note that the person you authorise will need the following information when using your power of attorney:
Your name, place of residence and date of birth.
- This authorisation remains valid until you revoke it. You can do this in writing using the contact details above.
- Please update this power of attorney if the personal details (name or address) of the person you are authorising change. If you wish to authorise more than one person, please complete one authorisation form per person.

This authorisation does not entitle the authorised representative(s) to receive information in accordance with Art. 15 GDPR.

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