

# Power of attorney

## Grantor (the person granting power of attorney)

Name/company	Personal identity number/Corporate identity number
Address:	Postal code and town:
Signature:	Clarification of signature:
Date:	

## Attorney (the person receiving power of attorney)

*If the attorney is a company, we need authorisation documents indicating who in the company is entitled to communicate with us.*

Name/company	Personal identity number/Corporate identity number
Address:	Postal code and town:

## Period of validity (how long the power of attorney is valid)

The power of attorney is valid <input type="checkbox"/> up to and including _____ <input type="checkbox"/> Until further notice
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## Power of attorney (what the power of attorney applies to)

The undersigned grantor gives the attorney the right to act as follows on behalf of myself/the company:

- Receive documentation on my cases with TFF.
- Conduct communication and receive information on my cases with TFF.
- Enter into contracts and agreements in my cases with TFF.
- Request access to register extracts.
- Represent the grantor's rights under the General Data Protection Regulation.
- Represent me in legal proceedings in my cases with TFF.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The personal data on grantor and attorney provided to TFF in this power of attorney will be processed in TFF's workflow system. We need to process personal data in the power of attorney to ensure that the person we communicate with in a case is authorised to access data in the case. The legal basis for this processing is our legitimate interest in only disclosing personal data to authorised persons. The personal data in the power of attorney is retained in our workflow system for a maximum of 12 months after the donor is no longer in debt to us. For more information on how we process personal data, please refer to our privacy policy on tff.se.