

# AUTHORISATION

Authoriser	Authorised representative
Name:	Name:
Address:	Address:
Postal address:	Postal address:
Tel no:	Tel no:
E-mail:	E-mail:
Personal ID no./CIN:	Personal ID no./CIN:

Facility ID/Meter number:
Facility ID/Meter number:
Facility ID/Meter number:
Facility ID/Meter number:
Facility ID/Meter number:
Facility ID/Meter number:
Facility ID/Meter number:

## Period of validity

From ..... to (incl.) .....

From ..... until further notice, or until the authoriser requests powers be returned.

## I hereby authorise the abovenamed person/company to perform the following in my name and for my benefit:

- Sign a new grid (network) contract and to terminate my grid contract with Jämtkraft Elnät AB.
- Sign a new electricity (supply) contract and to terminate electricity contract with Jämtkraft AB.
- Sign a new district heating contract and to terminate my district heating contract with Jämtkraft AB.
- Collect the necessary information held by Jämtkraft AB and/or Jämtkraft Elnät AB about my facility/facilities such as costs and power consumption.

Town/city ..... Date .....

Authorizing Officer's signature .....