

Power of attorney



Principal / person in debt

First and last name		Social security number
Address		Phone number
ZIP code	City	

Agent

First and last name		Social security number
Address		Phone number
ZIP code	City	

Signed principal is hereby giving the agent above the right to take part of all information regarding my debt to Sileo Kapital AB(org nr 556878-6403). The agent also has the right to negotiate and agree to payment plans and other settlements regarding my debt.

The power of attorney is valid until it's recalled

The power of attorney is valid between:

JA

Principal / person in debt

Date and city

Sign

Printed name

The principals own hand signature witnessed hereby

Sign

Sign

Printed name

Printed name

Send your power of attorney to:

Sileo Kapital AB
Frisvar
20619361
401 10 Göteborg