

FORM**Power of attorney****Principal**

Details for the individual granting power of attorney.

First and last name	Personal identification number
Address	Postcode and city
Telephone, daytime	Telephone, evenings

Representative

Details for the physical person(s) to whom you grant power of attorney.

First and last name	Personal identification number
Address	Postcode and city
Telephone, daytime	Telephone, evenings

Representative's areas of authority	<p>The representative is authorized to represent me for the entire cadastral procedure in relation to the property unit(s):</p> <p>in accordance with the application for cadastral procedure dated:</p> <p><i>or</i></p> <p>The representative is not authorized to represent me for the entire cadastral procedure in relation to the property units(s):</p>
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	<p>in accordance with the application for cadastral procedure dated:</p> <p>rather the power of attorney is limited in the following way:</p>
Duration of the power of attorney	<p>Until further notice</p> <p>Until and including (date):</p>

Principle's signature

Signature of the individual granting power of attorney

Place and date
Signature
Name (printed)

PERSONAL DATA AND CONFIDENTIALITY

Lantmäteriet stores personal data. If you would like to learn more about how we process your personal data, please contact Lantmäteriet's customer service on +46 771-63 63 63. Please be aware that all documents submitted to Lantmäteriet become a public document which generally means they can be disclosed in accordance with the principle of openness. Do you have a protected identity or another reason for information to be kept confidential? If so, call Lantmäteriet's customer service before submitting information or documents.