

POWER OF ATTORNEY

From today I :

Name: _____

Social security no.: _____

Mail address: _____

Hereby authorize the following 3rd person to obtain information and act on my behalf concerning case no: _____ at Sergel A/S.

3rd person:

Name: _____

Social security no.: _____

Mail address: _____

The Power of Attorney may not be transferred to another person and is valid until it has been withdrawn.

My signature:

Date:

Power of Attorney must be completed, printed and sent to:
Inkasso-dk@sergel.com