

Power of attorney

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Provider of the power of attorney (Provider)

(An attested co	opy of a valid ID documen	t for the Provider shall be	enclosed with the power of attorney)	
Name			Personal identity number/ Organisation registration number	
Postal address			Daytime telephone number	
Postcode and area	а			
Holder of ti	he power of attorn	ey (Holder)		
(An attested co	opy of a valid ID documen	t for the Holder shall be e	nclosed with the power of attorney)	
Name			Personal identity number/ Organisation registration number	
Postal address			Daytime telephone number	
Postcode and area	a			
The power	of attorney refers t	to		
	attorney authorises the Hoe at the Riksbank.	older to represent the Pro	vider in matters relating to the redemption of	
-	attorney expires once the	matter is closed.		
Case number (if ar	f any) The money shall be dep		ed into bank account number	
Other information	١			
Signature o	of Provider			
Date	ate Signature (Provider)			
	Printed name	Printed name		
The authen	iticity of the Provid	er's signature is her	eby attested (at least one person)	
Signature		Signatur	e	
Drinted name		Drintod v		
Printed name		Printed r	iditie	

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Personal data given to the Riksbank will be processed in accordance with the General Data Protection Regulation (GDPR). Read the <u>Riksbank's Integrity policy</u> for further information on how the Riksbank processes your personal data.