

POWER OF ATTORNEY

FOR THE MANAGEMENT OF ALL YTK-MATTERS



1 INFORMATION ON THE PROVIDER OF POWER OF ATTORNEY

Name	Personal identity code
Telephone number	

2 INFORMATION ON THE AUTHORIZED PERSON

Name	Personal identity code	
Street name and number	Postal address	City
Telephone number		

3 AUTHORIZATION

- I authorize the above-mentioned person to manage all my YTK-matters
- I authorize the above-mentioned person to manage only certain YTK-matters . The authorization covers:

4 INFORMATION TO BE PROVIDED TO THE AUTHORIZED PERSON

The authorized person may be given confidential information on the matter selected in paragraph 3:

Information on my financial status (such as benefit information) YES NO

Information on my state of health YES NO

The provision of confidential information to the authorized person always requires consent to the provision of such information.

5 VALIDITY OF THE POWER OF ATTORNEY

- The power of attorney is valid until further notice.
- The power of attorney is valid until / 20

6 SIGNATURE

Date	Signature of the provider of power of attorney
/ 20	

Return address for the form: Yleinen työttömyyskassa YTK, PL 100, 32201 Loimaa

You can also return the form on the www.ytk.fi website via the Send attachments service or by e-mail to asiakaspalvelu@ytk.fi