**POWER OF ATTORNEY**

# Assignor(s)

|  |  |
| --- | --- |
| Name | National identification number |
| Email address | Phone number |

|  |  |
| --- | --- |
| Name | National identification number |
| Email address | Phone number |

**Assignee**

|  |  |
| --- | --- |
| Name | National identification number |
| Address | Postcode, town/city |
| Email address | Phone number |

This power of attorney authorises the assignee to act on behalf of the assignor(s) in the following matters with Tampereen Vuokratalosäätiö sr

/ Vilusen Rinne Oy **(tick as applicable)**

* Application for a flat ☐ Collecting keys for a flat
* Signing the tenancy agreement ☐ Terminating tenancy
* Matters related to paying the rent ☐ All matters related to the tenancy

# regarding the flat located at the following address:

**Term of the power of attorney**

* The power of attorney is valid until the assignor(s) inform the relevant parties about the termination of its validity
* The power of attorney is valid until / / .

# Place and date

Assignors’ signature(s) and name(s) in print

Assignee’s signature and name in print