

REVOCAATION OF POWER OF ATTORNEY

Revocation of power of attorney for handling matters on behalf of another person

Grantor

Family name and given name(s)

Personal identity code

Grantee

Family name and given name(s)

Personal identity code

Address

Postal code and city

Telephone number

I revoke the power of attorney that I have granted ____/____20____

Signature of grantor

Date and location

Signature and printed name

Receiving the power of attorney

To be filled in by the recipient/unit

Date and location

Name of the recipient of the power of attorney

Unit of the recipient of the power of attorney

The power of attorney is archived in Mehiläinen's patient register in accordance with Mehiläinen's guidelines.

26.4.2021