

LETTER OF AUTHORIZATION

Authorized person:

_____ personal identity code: _____ - _____

Authorization:

**I hereby authorize the above mention person to get infomation and take care of my affairs at the
Unemployment Fund of Service Union United PAM.**

The following issues are **not included** in the authorization:

The authorization is valid:

____.____.____ - ____:____.____

Member granting the authorization:

_____ personal identity code: _____ - _____

Signature of the member granting the authorization:

Clarification of signature

Place and date
