**REVOCATION OF POWER OF ATTORNEY TO ACT ON MY BEHALF AT TERVEYSTALO**

**Information about the person revoking the PoA** *(Principal)*

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| --- |
| First and last name: |
| Personal identity code: |
| Address: |
| Telephone number: |

Select the appropriate alternative:

[ ]  I hereby revoke the Power of Attorney granted by me to the following person:

**Information about the Agent**

|  |
| --- |
| First and last name: |
| Personal identity code/date of birth: |

[ ]  I revoke all Powers of Attorney to act on my behalf I have granted

**Signature of the person revoking the PoA** *(Principal)*

|  |
| --- |
| Place and date: |
| Signature and printed name: |

**Receipt of the revocation of Power of Attorney** *(to be filled in by Terveystalo)*

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| Name of the person who received the PoA: |
| Date: |

The PoA will be recorded in the Terveystalo register of private customers.