MEHILÄINEN

REVOCATION 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

The receiver/unit fills in

_____
Date and location

_____
Name of the receiver of the power of attorney

_____
Unit where the power of attorney is received

The power of attorney is archived in Mehiläinen's patient register in accordance to Mehiläinen's directives.