

# Power of attorney



## Principal / Person in debt

First and last name		Social security number	
Address		Phone number	
ZIP code	City		

## Agent

First and last name		Social security number	
Address		Phone number	
ZIP code	City		

Signed principal is hereby giving the agent above the right to take part of all information regarding my debt to B2 Impact AB (org nr 556878-6403). The agent also has the right to negotiate and agree to payment plans and other settlements regarding my debt.

The power of attorney is valid 12 months from assignment date.

The power of attorney is valid between:

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## Principal / Person in debt signature

\_\_\_\_\_

Date and city

\_\_\_\_\_

Sign

\_\_\_\_\_

Printed name

The principals own hand signature witnessed hereby:

\_\_\_\_\_

Sign

\_\_\_\_\_

Sign

\_\_\_\_\_

Printed name

\_\_\_\_\_

Printed name

Send your power of attorney to:

**B2 Impact AB**  
**Mailbox 1801**  
**411 41 Göteborg**