

# Power of Attorney Form

This form gives a third party the right to act on your behalf in matters related to your customer relationship with Fjellinjen.

Information about the authorized representative (the person you are giving power of attorney):

Last name, First name		
Date of birth		ID-number
Address:		Postal code      City
Phone	E-mail	

The Principal (the person giving the authorization)

Last name, First name	
ID-number	
Place and date	Signature

Attach a copy of the authorized person's ID (passport or other approved identification) where the signature is visible.

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**Besøksadresse**

Schweigaards gate 16  
0191 Oslo

**Postadresse**

P.b. 459 Sentrum  
N-0105 Oslo

**Kontakt**

Tlf.: 47 69 32 00  
www.fjellinjen.n

**Org.nummer**

**NO** 941 856 543