

Appointment of authorized representative



POLICY NUMBER

Authorized representative for (client's name)

Date of birth (year, month, day)

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E-mail address

Phone number

Representative's name

Representative's date of birth (year, month, day)

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Representative's e-mail address

Representative's phone number

My representative has permission to handle my cases belonging to the insurance as above.
My representative may also decide which bank account any compensation should be paid to.

Date and place

Signature

This authorization is valid from the date of signature and for as long as the insurance is valid. The authorization can at any time be revoked by me contacting If.

If P&C processes personal data in accordance with applicable insurance and data protection legislation. More information (in Swedish) about processing of personal information can be found at www.if.se/hantering-av-personuppgifter

PLEASE SEND THIS TO: travel@if.se