

authorisation

By completing this form, you can authorise someone for a certain period to take care of your business at Lefier. To prevent abuse we would like to know for which business you authorise someone and until when.

My personal information:

First name:	
Last name:	
Address:	
Zipcode + City:	
Phone number 1:	
Phone number 2:	
E-mail:	
Signature:	

Personal information from the person I authorise to take care of my business:

First name:	
Last name:	
Address:	
Zip code + City:	
Phone number 1:	
Phone number 2:	
E-mail:	
Signature:	

Reason of authorisation:

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I authorise the person mentioned above to take care of the following business at Lefier:

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End date authorisation:.....

Date:

This authorisation is only valid if:

- The authorised person can show a copy of your identification.
- The authorised person can show his/her identification at Lefier.
- There is mentioned an end date at this authorisation form.
- The form is filled completely.

Please note that the authorised person can not take care of your business by telephone.