Power of Attorney (PoA) for mobile services

1. Information about the person granting the power of attorney (Principal)

First name, middle name and surname:	**[**First name, middle name and surname**]**
Date of birth and SSN:	[Date of birth and SSN]
Postal adress:	[Postal adress]
Postal code and city:	[Postal code and city:]
Phone number:	[Phone number]
Email:	[Email]

2. Information about the person receiving the power of attorney (authorised representative)

First name, middle name and surname:	**[**First name, middle name and surname**]**
Date of birth and SSN:	[Date of birth and SSN]
Postal adress:	[Postal adress]
Postal code and city:	[Postal code and city:]
Phone number:	[Phone number]
Email:	[Email]

3. Scope of the PoA

Tick the boxes that apply:

Entering into an agreement

☐ Establish one subscription (maximum one subscription per principal)

Amendment of an agreement

☐ Enable barring of outgoing calls and messages pursuant to Section 4-5 of the Electronic Communications Regulations

☐ Block or restrict access to third-party billed services pursuant to Section 4-6 of the Electronic Communications Regulations

☐ Other amendments

Termination of an agreement

☐ Terminate a subscription

Administration of subscriptions, etc.

☐ Request an itemised invoice pursuant to Section 4-4 of the Electronic Communications Regulations

☐ Monitor usage pursuant to Section 4-8 of the Electronic Communications Act

☐ Monitor costs pursuant to Section 4-9 of the Electronic Communications Act

☐ Receive information from the provider, including billing information and PIN/PUK codes

☐ Submit complaints to the provider and the Complaints Board for Electronic Communications (BKN)

4. Validity period

If the power of attorney shall take effect immediately and remain valid until revoked, no dates need to be entered.

PoA is valid from:	Klikk eller trykk for å skrive inn en dato.
PoA is valid until:	Klikk eller trykk for å skrive inn en dato.

5. Restrictions or other comments

Any restrictions on the power of attorney or other comments

6. Signature of the principal

I confirm that [name of authorised representative] has been granted authority to act on my behalf within the scope of this power of attorney

Place and date:	**Signature:**
[Place and date]	[Signature]

Information for the principal and the authorised representative

This power of attorney applies only to the selected provider. If you change provider, a new power of attorney must be completed.

The principal may revoke the power of attorney at any time by contacting customer service. If the attorney-in-fact or the scope of the power of attorney is changed, a new power of attorney form must be submitted.

When entering into, amending or terminating an agreement, the attorney-in-fact must be unequivocally identified in accordance with Section 2-8 of the Electronic Communications Act and Section 1-8 of the Electronic Communications Regulations.

The completed and signed power of attorney form should be sent by email to **customerservice@provider.com** or by post to **Provider, Address, Postal Code City/Town**.

This power of attorney form has been developed in cooperation with the Norwegian Communications Authority (Nkom).