



he grai	ntor (private pers	on)							
Name:							ID no	o:	
Address	S:						Tel:		
Postcode: City: Country:									
Email:									
ereby	grants his power	of attorney to							
Name: ID1								D:	
Address	S:		Tel:						
Postcod	le: Ci	ity:				Country:			
Email:									
۸ ۵۵۵۵-	to the beating o		<b>4140</b>	ton (selection)		w.D.		Statement	Transfers
	to the banking ac Access to all bank a		gran	tor (select either A	40	r B):		_	
_			:c						
⊔ B. <i>i</i>	Access to specific b	Dank accounts (s	specify	the account numb	er a	and select access):			
	Account No.	Stateme	ent	Transfers		Account No.		Statement	Transfers
□ A.	to the credit card Access to all credit Access to specific o	cards							
	Credit Card	No. C	Credit	Card No.		Credit Card No		Credit Card No.	
	s to statements of	_	rtfoli	os of the granto	or (	(select either A or E	3):		
□ В. /	Access to specific	portfolio (enter p	portfoli	io number):					
	Portfolio	<b>)</b>	P	ortfolio		Portfolio		Por	tfolio





## Access authorisations relating to grantor

Íslandsbanki Onlin	e Bank and App. These	o information relating to the grantor and which are or will be accessi include statements of unpaid bills, loans, e-documents, payment ser overseas payments, etc.	
Online Bank and App	, examine my banking oills on my behalf and	er of attorney, this means that the agent can, on my behalf in Íslands statements, credit cards and securities portfolios, transfer from my nore. The power of attorney also extends to gathering information t pp.	bank
Every action executed	by the agent within th	the authorisations of the agent are cancelled or amended as appropis power of attorney shall be as though the grantor (owner) had perfowithdrawn by written notice.	
	Place	Date (DD.MM.YYYY)	
	11000		
	Grantor		
Witnesses			
Name and ID No.		Name and ID No.	