AUTHORISATION (POWER OF ATTORNEY) FOR ATTENDANCE TO TENANCY RELATIONSHIP OF ESTATE OF DECEASED

sato

DETAILS OF THE DECEASED PERSON

Name	Personal identity code

Date of death ____/____20____

AUTHORISATION GRANTED TO ('GRANTEE')

Name	Personal identity code
Email	Phone

☐ The Grantee consents to the filing of the Grantee's details in the SATO Customer Register for the purpose of using the authorisation. SATO's personal data file descriptions can be found at www.sato.fi/en under shortcuts/privacy and terms of use.

TENANCY RELATIONSHIP

Apartment address	Date of signing of agreement

COVERAGE OF AUTHORISATION

The Grantee is authorised to represent the Grantor(s) in the following matters relating to the above-mentioned tenancy relationship:
Please select 'Yes' or 'No' for each.

YES	NO	
☐	☐	Receiving information about rent payments and amounts of rent owed
☐	☐	Entering into payment arrangements relating to rent payments
☐	☐	Receiving information about obligations, reprimands, warnings and other such matters relating to the tenancy relationship
☐	☐	Receiving notifications relating to the tenancy relationship (including warnings and notices of termination or rescission)
☐	☐	Giving notice of lease termination or rescinding the lease agreement
☐	☐	Emptying the apartment or authorising the Lessor to empty the apartment and dispose of items found in the apartment at the expense of the estate of the deceased
☐	☐	Carrying out (an)other legal transaction(s) separately determined as follows: _____

_____

_____

SATO will not charge a letting agency fee.

VALIDITY

☐ This authorisation remains valid until further notice.   ☐ This authorisation remains valid until ____/____20____.

GRANTOR(S) (SIGNATURES OF ALL PARTIES TO THE ESTATE OF THE DECEASED)

Place and date	Signature and name in print	Personal identity code
Place and date	Signature and name in print	Personal identity code
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