

Template of the Authorisation

The undersigned:

Last name	
First name	
Father's name	
Address of residence	
Telephone number	
Email	
ID Number	
VAT NUMBER	

I hereby authorise the following person:

Last name	
First name	
Father's name	
Telephone number	
Email	
ID Number	
VAT NUMBER	
Registration number of the Athens Bar Association	

to take the following actions regarding my debts which have been transferred to the special purpose entity "xxx" and which are managed on its behalf by the loan servicing company "xxx" (tick the corresponding box below):

To be informed orally or written of the balance of my debts	
To negotiate with the above-mentioned management company the alternative possibilities for the settlement of my above debts	
To request and receive documents and certificates relating to my debts (indicatively a copy of the contract, account transactions, debt/repayment certificate)	
To submit a restructuring request and provide all the necessary documents	

and, in general, to take any action it deems necessary for the achievement of the above instructions, even if not expressly mentioned in this authorisation.

This authorisation shall remain in force until proven notification of its revocation to the loan servicing company.

The Authorizing Party