

# POWER OF ATTORNEY

## INSTRUCTIONS FOR COMPLETING THE FORM

**Page 1:** Please fill in the company details



**Agreement/Authorization for Acting as Direct Representative**  
*Dotted lines indicate that further elaboration is required.*

**The undersigned,  
Client / Directly Represented**

Company Name: .....

Address: .....

Postal Code, City: .....

Country: .....

Chamber of Commerce Number\*: ..... Tax Identification Number\*: .....

EORI Number: .....

Passport Number\*: .....

### Page 2:

In field 5.1, you enter the start date. For DHL, this means that the POA is valid indefinitely. If you want to grant the POA for a specific period, please fill in a start and end date.

**Article 5. DURATION AND TERMINATION/REVOCAION OF THE AGREEMENT/AUTHORIZATION**

5.1 This agreement/authorization is entered into/valid for an indefinite period, commencing.....

The agreement/authorization can be terminated/revoked with a notice period of 30 days.

**Page 3:** In field 6.3, you repeat the company details and sign the document

6.3 The necessary documents, information, and data, including this authorization, must be made available to the aforementioned third party.

**Client, legally represented by:**

Company Name: .....

Name of Authorized Person: .....

Position: .....

Date and Place: .....

Signature (and stamp): .....

**Initials:** Please place you initials in the bottom right-hand corner of all seven pages of the form.

Initial Client:.....

Initial Direct Representative: .....