

## POWER OF ATTORNEY

Signed by

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Name and address

Hereby gives Power of Attorney to

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Name and address

to represent me concerning my complaint against

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Financial Institution

sent to the Danish Complaint Board of Banking Services

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Date

### **Permission to disclose information.**

I grant accept for the following:

- that the Danish Complaint Board of Banking Services may disclose all the information of the complaint to the financial institution(s) in question.
- that the financial institution(s) in question may provide information of me to the Danish Complaint Board of Banking Services regardless of the financial institution confidentiality obligation,
- that the Danish Complaint Board of Banking Services may receive all information about me from all parties - including social, health and other personal information - to be used by the Danish Complaint Board of Banking Services processing of my complaint,
- that processing, safekeeping and exchange of information between the parties and the Danish Complaint Board of Banking Services is done electronically, and
- that all information regarding the complaint are saved at the Danish Complaint Board of Banking Services 5 years after the complaint has been processed. Hereafter all information are deleted, unless the Danish Complain Board of Banking Services in special cases assesses that further safekeeping are necessary.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_