



Keski-Pohjanmaan sosiaali- ja
terveyspalvelukuntayhtymä

Central Ostrobothnia Joint Municipal Authority for Social and Health services Soite

Revoking a power of attorney

I ask that the power of attorney is revoked immediately in the following services in Soite:

The person who has granted someone else the power of attorney

First name and surname:

Social security number:

Address:

Post code and municipality:

Telephone number:

The person who has been granted power of attorney

First name and surname:

Social security number:

Address:

Post code and municipality:

Telephone number:

Signature

Date

Signature and name in block letters

The form is signed and is then sent to Soite's registrar's office at:

K-P:n sosiaali- ja terveystyöryhmä Soite

Arkiston kirjaamo

Mariankatu 16 – 20

67200 Kokkola