Empty all fields Print Form

POWER OF ATTORNEY

I authorise the City of Turku Welfare Services (Business ID 2611969-1) to handle all the employer's obligations related to the payment of the salary of the personal assistant I hire, including taking out, managing, possibly transferring and terminating statutory insurances and occupa-tional health care.

Place: _____

Date: _____

Personal identity code _____

Signature and printed name

_____

Postal address
PL 670
20101 Turku

Telephone number
+358 (0)2 330 000
(switchboard)

Email address
vammaispalvelut@turku.fi
firstname.lastname@turku.fi
www.turku.fi/en

City of Turku 2.2022