**Authorization form**

You can register an authorized representative with this form. The authorized representative may contact you on your behalf.

The authorization relates to the following data:

Case number(s):

**Data authorizing person**

*In whose name the case is*

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  |  |  |
| Last name |  |  |  |
| Street and house number  |  |  |  |
| Postal code |  |  |  |
| Residence |  |  |  |
| Date of birth |  |  |  |
| Phone number |  |  |  |

**Data authorized person**

*The person who represents the authorizing person*

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  |  |  |
| Last name |  |  |  |
| Date of birth |  |  |  |
| Phone number |  |  |  |

Signature authorizing person Date

*In whose name the case is*

Signature authorized person Date

*The person who represents the authorizing person*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You can send the **completed form** via email or post:

**Mailing address**

infoscore Nederland B.V.

PO Box 3

8440 AA Heerenveen

**E-mail address**

service@infoscore.nl