



Customer of "OP Finance" SIA:

_____ name / name, surname

_____ registration number / personal identity number

_____ phone

_____ lease agreement number

APPLICATION FOR RECEIVING DEPARTURE POWER OF ATTORNEY.

Please issue a power of attorney for departing outside the territory of the Republic of Latvia

from _____ 20__ till _____ 20__

to _____
(name of the state, in which KASKO insurance policy is in force)

Information about the lease object:

_____,
(vehicle make, model)

_____.
(state registration number)

Information about the authorised person:

_____,
(name, surname)

_____,
(personal identity number)

_____.
(the declared address)

Rīga, _____ 20__

(signature)

(company name, position, name, surname / name surname)

Please note!

Power of attorney will be prepared after "OP Finance" SIA has received the following documents, which are prepared in the correct form and content: KASKO insurance policy and document which approves the payment of its insurance premium, a copy of the vehicle registration card, confirmation of delivery, purchase and lease agreement. The validity period of the power of attorney shall not exceed the validity period of the KASKO insurance policy.