



Processing ID

Arrival date

I AUTHORISE THE FOLLOWING PERSON

Authorised person's surname and forenames

Identity number

Address, line 1 (building, street, etc.)

Postal code and city

Telephone (also dialling prefix)

E-mail address

TO MANAGE PHARMACEUTICAL INJURY MATTERS OF THE DECEASED

Deceased's surname and forenames

Identity number

Processing ID (if known)

Compensation from the pharmaceutical injury insurance shall be paid in to the following bank account: Account-holder's name

Account number in IBAN format

PLACE, DATE, AND SIGNATURE

Place and date

Authoriser's signature and printed name

WITNESSES

First witness' signature

Second witness' signature

Printed name

Printed name