Power of attorney for debt collection

I. Principal

Your details

Full name

CPR-number

Address

Postcode

Town/city

Phone number

Email address

II. Attorney holder

Power of Details of the party to whom you are granting a power of attorney

Full name or company name

BRAINWORK DK FILIAL AF BRAINWORK SP. Z O.O.

CPR/CVR-number

4 4 7 · 77029

Address

ØSTERBROGADE 226 ST. 1

Postcode

2100

Town/city

København

Phone number

+48786001203

Email address

hello@borsukpodatki.pl

The type of power of attorney you are granting to the power of attorney

III. Type of power of attorney

Unlimited power of attorney

I hereby authorise the power of attorney holder:

☑ to take over the responsibility for my cases with the Debt Collection Agency and to act on my behalf. The power of attorney applies to all my debt and all types of debt collection.

The power of attorney holder may therefore participate in meetings and enter into agreements on how I pay my debt.

This means that the Debt Collection Agency communicates with the power of attorney holder about the collection of my debt.

Limited power of attorney

I hereby authorise the power of attorney holder to handle the contact with the Danish Debt Collection Agency (Gældsstyrelsen) regarding: (area)

The power of attorney holder is authorised: (tick one option)

☐ to obtain all information about my debt in the area I have described. This also applies to my personal data.

☐ to obtain all information about my debt in the area I have described. This also applies to my personal data.

The power of attorney holder is entitled to participate in meetings and enter into agreements on how I pay the debt.

Date and signature

2025.02