

Please complete, sign and return **the original power of attorney** to the following address:

goldbach financial GmbH
Seligenstädter Straße 100
63791 Karlstein am Main

Power of Attorney to Third Parties

Regarding the issue of outstanding debts: _____ (File Reference No.)

The Authorizing Party:

First Name, Last Name	
Date of Birth:	
Street, House No.:	
Post Code, City:	

Issues the following power of attorney for:

First Name, Last Name	
Date of Birth:	
Street, House No.:	
Post Code, City:	

This power of attorney includes

- Obtaining information about the claim and providing information to goldbach financial GmbH
- Conducting negotiations for the repayment of the claim and the conclusion of repayment agreements
- Negotiation of conditions, repayment modalities (e.g. installment plans)

This power of attorney can be revoked by the Authorizing Party at any time.

Place and Date of Issue

Signature of Authorizing Party