



POWER OF ATTORNEY

Name: _____

Address: _____

ZIPcode/city: _____

hereby gives _____

Name of proxy

authorization to represent me/us in my/our case against

Scandinavian Airlines System Denmark Norway Sweden

Name of company

in connection with my/our trip to/from

Destination

on _____

Date (DDMMYYYY)

I/We are in agreement that all correspondence regarding the case will be handled by the proxy. I/we also understand that I/we cannot put forward another independent claim in connection with the claimed above, as long as I/we are represented by the proxy.

The authorized proxy is responsible for keeping me/us informed about the development of the case, for making statements on my/our behalf as well as for receiving the decision in the case. Any damages/compensation which may be paid by the company as a result of a decision, can be paid to the proxy who will then ensure that payment is transferred to me/us.

Place and date

Signature

Place and date

Signature

Scandinavian Airlines System Denmark Norway Sweden
SE-195 87 Stockholm, Sweden, Telephone: +46 8 797 00 00