Laros A/S

POWER OF ATTORNEY Move-out inspection

1. RENTAL PROPERTY

Address _____ Postcode and town/city _____

Customer number _____ Move-out date _____

2. TENANT AND AUTHORISED REPRESENTATIVE

Tenant _____ Authorised representative _____

Date of birth _____ Date of birth _____

Phone / email _____ Phone / email _____

Co-tenant _____ Relationship to the tenant _____

3. SCOPE OF THE POWER OF ATTORNEY

I, the undersigned tenant, authorise the representative to act on my behalf to:

a) attend the move-out inspection of the property;

b) hand over keys, key fobs, etc. and sign to confirm their handover;

c) receive and acknowledge receipt of the move-out inspection report;

d) approve refurbishment requirements raised at the inspection under the tenancy agreement.

Actions taken by the representative within this power of attorney are binding on the tenant. The move-out inspection report is deemed received by the tenant when the representative acknowledges receipt. This power of attorney does not cover termination of the tenancy or payment of the deposit.

This power of attorney applies to the move-out inspection of the above property, even if it is rescheduled. It may be revoked by giving written notice to the landlord.

4. SIGNATURES

Place and date _____

_____ _____ _____

Tenant Co-tenant (if more than one tenant) Authorised representative