

**Letter of authorization for managing unemployment insurance  
contributions in Employment Fund (A company authorizes)**

Complete this form to authorize another company or a person to act on your company's behalf when dealing with the Employment Fund. The authorizing party must have the signing authority on behalf of the company. Please also specify a contact person if the authorized party is a company. You can revoke a previously granted authorization by completing this form again and ticking the appropriate box below. If you wish to authorize a company to use the Employment Fund's online service for unemployment insurance contributions, you have to do the authorization in <https://www.suomi.fi/e-authorizations>.

**Grantor of the authorization**

Name of the company	Business ID
Name and position of the authorizing person in the company	Telephone

**The authorized party**

Name	Business ID / Personal identity code
Address	Contact person
Telephone	E-mail address

**Content of the authorization**

The authorized party can manage unemployment insurance contributions in Employment Fund on behalf of the Grantor of the authorization.

**Granting of authorization**

The authorization can be granted until further notice or it can be valid for fixed period. Period of validity of this authorization begins when this Letter of Authorization arrives to the Employment Fund and it has been approved.

- ☐ The authorization is valid until further notice.
- ☐ The authorization is valid for fixed period \_\_\_\_\_ .

**Revoking the authorization**

- ☐ I hereby revoke a previously granted authorization.

Date
------

Signature and name in printed letters
---------------------------------------