

POWER OF ATTORNEY

Principal:

Surname, first name _____

Postal address _____

Telephone number _____

Email address _____

Hereby I (principal) authorise the person named below (representative) to represent me in the scope of the conciliation process. This includes all correspondence for the conciliation process taking place exclusively through the representative.

I am aware that

- ✓ the **conciliation process with söp is free of charge for travelers**
- ✓ I can **request a conciliation process directly at the söp** (without having to employ lawyers or people who are authorised to perform extrajudicial legal service) because the independent and accredited söp examines the legal and factual situation under consideration of the aspects in favour of each party on its own initiative
- ✓ a **representation through third parties is therefore not necessary**
- ✓ I can avoid the **costs when employing third parties** (lawyers or people who are authorised to perform extrajudicial legal service) through a direct conciliation request at the söp (<https://soep-online.de>).

This power of attorney is valid until the closure of the conciliation process.

Representative:

Surname, first name _____

Postal address _____

Telephone number _____

Email address _____

Place, Date

Signature Principal