

Letter of attorney incl. authorization to participate the health app active365 (Payout of activePoints)

**1 Minor person (over 16 years old)
(Participant active365)**

Mrs Mr

Name	First name	Street, N°
<input type="text"/>	<input type="text"/>	<input type="text"/>
PC, Location	N° insured person	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Legal representative

Mrs Mr Mr and Mrs

Name	First name	Street, N°
<input type="text"/>	<input type="text"/>	<input type="text"/>
PC, Location	Date of birth	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	

I/we hereby authorize the above-named minor to participate the health app active365 App (payment of collected activePoints in accordance with the terms of use) and expressly grant my/our permission to do so. The declaration of authorization is valid from the date of signature until revoked in writing.

Signature

Place	Date	Signature legal representative
<input type="text"/>	<input type="text"/>	<input type="text"/>