

Consent

I give my consent that the accounting firm

name of accounting firm

business ID

may use the Varma Online Service to manage my YEL insurance matters.

Designated online service user at the accounting firm (if necessary)

name

If the accounting firm's assignment ends, I will notify Varma immediately.

Varma
Insurance Services
PO Box 2
00098 Varma

name of the YEL insured person

personal identity code

place and date

signature

print name