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**MANDATE FORM**(Mandate to act on a party’s behalf in a case at the Rent Disputes Tribunal)

The Tenancy

|  |  |
| --- | --- |
| Address of the tenancy |  |
| Street address  |  |
| Postal code |  | Area |  |

**Write the case number in the Rent Disputes Tribunal if it is known:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

INFORMATION ABOUT THE ONE WHO GIVES THE MANDATE

|  |  |
| --- | --- |
| Name (company name/personal name) |  |
| Date of birth or organization number  |  |
| Street address  |  |
| Postal code |  |
| Area |  |
| Phone number, most frequently used |  |
| E-mail address  |  |

INFORMATION ABOUT THE ONE WHO RECIEVES THE MANDATE (THE PROXY)

|  |  |
| --- | --- |
| Name  |  |
| Date of birth or organization number |  |
| Street address |  |
| Postal code |  |
| Area |  |
| Phone number, most frequently used |  |
| E-mail address  |  |

CONTENT OF THE MANDATE

I give the proxy the right to on my behalf: (cross out whatever does not apply)

* accept service and other information
* represent me, appear, and make alle decisions
* enter into settlements

DATE AND SIGNATURE

|  |  |
| --- | --- |
| Date | Signature (Please remember block letters as well) |
|  |  |

**The mandate must be filled out and sent to:** **postmottak@htu.no****,** or

Husleietvistutvalget, Pb 5118 Majorstuen, 0302 Oslo