



Power of attorney

Order number: _____

Authorizer (recipient of the order)

Surname/First name: _____

Street/house number: _____

Postal code/City: _____

grants

Authorized Representative

Surname/First name: _____

Street/house number: _____

Postal code/City: _____

the following power of attorney:

The authorized representative is authorized to: *[please mark with a cross]*

- ☐ **Acceptance of deliveries:** Acceptance of parcels and other postal items
- ☐ **Signature on receipt:** Signature of confirmations of receipt and proof of delivery.
- ☐ **Collection of Click & Collect goods from the store**

The authorization is limited in time; it expires irrevocably at the end of _____. *[Date]*

Please note that the collection or acceptance can only take place on presentation of an official photo ID (identity card, passport with registration certificate if applicable) of the authorized representative.

[Place, date, signature of authorized person]

[Signature of the authorized representative]

The controller responsible for processing the personal data you have provided is IKEA Deutschland GmbH & Co. KG, Am Wandersmann 2-4, 65719 Hofheim-Wallau, Germany. The processing of your data is carried out on the legal basis of Art. 6 Para. 1b) and f) GDPR. We process the data you provide for the purpose of fulfilling the contract. We delete all the aforementioned data at the latest after the expiry of the statutory warranty period, unless we are obliged or entitled by applicable law to store it for longer. All further information on the processing and protection of your data and your rights can be found in the IKEA privacy policy at [IKEA.com/ privacy-policy](https://www.ikea.com/privacy-policy).