

## **LETTER OF ATTORNEY**

I authorize the KOKO fund to notify of my resignation.		
I wish to end my membership in		
unemployment fund from		
Name (surname, first name)		
Finnish social security number	-	
Date and place	Signature	
The KOKO fund fills:		
Hyväksytty Korkeasti koulutettuje	en kassa KOKOn jäseneksi	
	alkaen	