AUTHORIZATION

1. From (principal = producer or brand owner)	
Company name	Register number
Address	Postal code
City	Country
Telephone	Fax
E-mail	Contact person
2. To (agent/importer/company outside F	inland selling goods from their stock)
Company name	Register number
Concealed Wines AB	556770-1585
Address	Postal code
Bo Bergmansgata 14 City	115 50
Stockholm	Country Sweden
Telephone	Fax
+46 737 099 182	
E-mail calle.nilsson@concealedwines.com	Contact person Calle Nilsson
3. Contents of the authorization (appointm	ient)
We (principal) hereby appoint the above compa	any to act on our behalf in respect of business transacted wit
Alko Inc., Finland, as follows (please tick one o	r more of the below options):
Acoust austisland to receive annuational informa-	skien (ouden conice, statistics and information on
offer processing)	ation (order copies, statistics and information on
	behalf and to receive operational information from the
date indicated under paragraph 5	
	offers/sales agreements on our behalf from the date
indicated under paragraph 5	their steel, and entitled to make hinding
Company outside Finland selling goods from offers/sales agreements to Alko on our behavior	alf from the date indicated under paragraph 5
4. Product assortment	
Below is a clarification of the product families a	nd producers covered by this authorization.
☐ Entire range	
☐ The following product families/	
producers:	
☐ The following brands:	
Other, please specify:	
5. Duration of the authorization	
This authorization will become effective on When the authorization ends, we will advise Alk If the representation of a product changes, pos will be effected according to the separate timet	sible changes of delivery clauses or modes of delivery
6. Place, date and signature	
Place and Date	

Signature and clarification of signature

Company Position / Authority to sign