

RELIABLE PARTNER LATVIA - POWER OF ATTORNEY AGREEMENT**1. Principal**

Company name: _____

Latvian company no: _____ VAT no: _____

Contact person: _____ Phone no: _____

Contact person's e-mail address: _____

Billing address: _____

Postal address: _____

Postcode: _____ City: _____

Campaign code: _____

Is this company registered in Finland as a branch office or foreign entity (Check www.ytj.fi)☐ Yes, provide the Finnish business ID here: _____A separate [Power of Attorney Agreement for the Finnish](#) part is required.☐ No.**2. Authorised party**

Vastuu Services Oy (3496594-3), Hevosenkentä 3, 02600 Espoo, Finland ("Supplier")

3. Power of Attorney

The Company authorizes the Supplier to retrieve and publish company information as set out in this agreement.

4. Declaration concerning posted workers4.1 ☐ The Company sends posted workers to Finland.(a) ☐ Each posted worker has a valid A1 certificate.(b) ☐ Posted worker(s) without A1 certificate (TyEL insurance and Finnish workers' compensation insurance required)4.2 ☐ There are no posted workers to Finland.4.3 ☐ Only the entrepreneur is working in Finland. No hired labour working in Finland.**5. Collective Bargaining Agreement****Please fill out this section if you selected 4.1 above.**

The Company applies the following collective bargaining agreement/s: _____

_____**6. (TyEL) Employee Pension Insurance****Please fill out this section if you selected 4.1 b) above.**☐ Elo Mutual Pension Insurance☐ Ilmarinen Mutual Pension Insurance Company☐ Varma Mutual Pension Insurance Company☐ Veritas Pension Insurance☐ Local Government Pensions Institution Keva☐ Other: _____

7. Workers' Compensation Insurance

Please fill out this section if you selected 4.1 b) above.

Insurance company: _____

Please enclose a copy of the workers' compensation insurance certificate issued by a qualified workers' compensation insurance provider. The certificate may not be older than 2 weeks. **Note!** This insurance is a special Finnish social insurance that cannot be replaced with a generic accident insurance or a foreign social insurance.

8. Occupational Healthcare Provider

Please fill out this section if you selected 4.1 above.

Name of Occupational Healthcare provider in Finland: _____

9. General Liability Insurance (optional)

Do you wish to show your general liability insurance information in the Reliable Partner report?

☐ No.

☐ Yes, insurance company: _____

Please enclose a copy of the insurance certificate that may not be older than 2 months.

10. Fees and payments

The price of the Reliable Partner service is determined in accordance with the price list as applicable from time to time. The applicable price list is available on Vastuu Groups website at www.vastuugroup.fi/en/pricelist. The service fee will be invoiced at the beginning of the invoicing period.

If the Company is registered in Finland as a branch office or a foreign entity, it must also subscribe to the Reliable Partner Finland service.

11. Appendices

The following appendices form an integral part of this Agreement:

1. Terms and Conditions of the Reliable Partner Service Latvia
2. Authorisation – Target country Finland.

12. Signatures

This agreement shall be signed by person(s) whose authorisation to sign on behalf of the Company is recorded in the Latvian Trade Register.

Date: _____ Place: _____

Signature: _____

Signature: _____

Name: _____

Name: _____

Fill out the agreement and sign it. Send the signed agreement and the required certificates to Vastuu Services Oy either by regular mail: Vastuu Services Oy, Hevosenkä 3, 02600 Espoo, Finland or by email to: customerservice@vastuugroup.fi

Terms of service

The Customer's order and the provision of the Reliable Partner service are subject to the terms Terms of Services of Vastuu Services Oy, which are available on the Supplier's website at [https://tos.vastuugroup.fi/en/General+Terms+of+Service+and+Special+Terms+and+Conditions+v+15+12+2025+\(ENG\).pdf](https://tos.vastuugroup.fi/en/General+Terms+of+Service+and+Special+Terms+and+Conditions+v+15+12+2025+(ENG).pdf)

Authorisation

The compilation of certain data required by specific modules of the Reliable Partner service requires that the Customer grants the Supplier a power of attorney to retrieve this data directly from the data sources used by the Service on behalf of the Customer. The Customer authorises the Supplier to compile the data required by the modules of the Reliable Partner service ordered by the Customer, to import it into the Service, and to publish and use it in accordance with the Terms of Service. The authorisation covers the following data about the Customer, depending on the modules of the Reliable Partner service selected by the Customer:

Service module	Information covered by the authorisation	Data source	Mandatory information
Reliable Partner Contractor's Liability Information (TiVa)	<ul style="list-style-type: none"> - Information on tax payment certificate or tax debt certificate and its appendices - Information on the tax debt payment plan 	Tax administration	Yes
	Accident insurance certificate or information on taking out accident insurance and its validity	Insurance company specified by the Customer	Yes
	Patient insurance certificate or information on the taking out patient insurance and its validity	Insurance company specified by the Customer	No
	Liability insurance details: <ul style="list-style-type: none"> - Liability insurance certificate, or - Information on taking out liability insurance, its coverage, sum insured and validity 	Insurance company specified by the Customer	No
	TyEL insurance details: <ul style="list-style-type: none"> - Information on the validity of TyEL insurance, - Status of insurance premium payments or payment agreement concerning them, and - Information on the termination of the insurance 	Insurance company specified by the Customer	Yes
	Information on the organisation of occupational health care: <ul style="list-style-type: none"> - Certificate or information on the organisation of occupational health care as referred to in the Occupational Health Care Act, the validity of the occupational health care agreement and the validity of the occupational health care action plan 	Occupational health care provider specified by the Customer	Yes
	If the Customer's country of residence is other than Finland, the corresponding information as above, depending on the country of residence	Authority of the Customer's country of residence	As above
	If the Customer's country of residence is Lithuania, in addition to the above information: <ul style="list-style-type: none"> - Certificate of compulsory social security contributions paid, unpaid amounts or agreed payment plan for unpaid amounts 	Authority of the Customer's country of residence	Yes
Reliable Partner (most comprehensive version, incl. also information in the TiVa module)	Beneficial owners	Dun & Bradstreet Finland Ltd (Patent and Registration Office)	Yes

The Customer shall have the right to revoke their authorisation in whole or in part in accordance with the Terms of Service.

The Supplier shall have the right to make changes to the Service and its data content in accordance with the Terms of Service. If the changes to the data content concern data that has been retrieved on the basis of the authorisation given by the Customer to the Supplier, the authorisation given by the Customer will be automatically updated to cover the changed data content. The Supplier shall always notify the Customer of such changes in accordance with the Terms of Service, and the Customer shall then have the right to terminate the Agreement in accordance with the Terms of Service.