

Mandate form to file an objection to e-TOL

My details

Name:

Initials:

Street Address:

City/Town:

Postal code:

Details authorized person (Person who files an objection for me)

Name:

Initials:

Street Address:

City/Town:

Postal code:

I give the authorized person permission to file an objection for me against the decision with:

CJB-number:

Dispensation decision (ons kenmerk):

Date:

Location:

Date:

Your signature:

Signature authorized person:

If you want to cancel the authorization before the objection is processed, you must inform us in writing.