**Power of Attorney**

*[On Applicant’s Letterhead]*

We, as authorized representative[s] of

officially located in

with commercial registry/Court/Chamber number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Company”)

hereby grant to

power of attorney and the right to act as user for the participation of the
Company to Transmed 2022-2023 Offer of Primary Capacity.

This includes but it is not limited to:

1) submit Company documentation;

2) fill in Company’s information;

3) submit binding bookings with Transmed on the PRISMA platform.

The certificate of authority / power of attorney is valid until September 30th, 2023.

*[Date and Place]* *[Company Stamp and Signature*

*of Duly Authorized Representative(s)*

*of the Applicant]*