**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 Offers 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.

This power of attorney is valid from its date of signature until the Company submits a new one or revokes it by giving written communication.

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

*of Duly Authorized Representative(s)*

*of the Applicant]*