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 the TRANSMED FCFS Offer of Primary Capacity.

This includes but it is not limited to:

1) submit Company’s requested documents;

2) fill in Company’s requested information;

3) take part in the TRANSMED FCFS Offer and submit the binding bids with TRANSMED.

The certificate of authority / power of attorney is valid until:\_\_\_\_\_\_\_\_\_\_\_\_

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

*of Duly Authorized Representative(s)*

*of the Applicant]*