

**power of attorney**

Written at.....

Date.....Month.....B.E.....

By this book I (1).....Head office

Located at number.....Trok/Soi.....road..... Village

No.....Subdistrict/Subdistrict..... District/District.....

Province.....Postal code.....with (2)..... Being the person

with authority to act on behalf of the juristic person as shown in the certificate of commercial registration and/or trade registration, or

Certificate of legal entity registration from the Ministry of Commerce No.....

Dated.....I hereby authorize (3)..... Be the

operator and act on my behalf in accessing the information system of the Food and Drug Administration. As for the health product

advisory system (Consultation E-service) for entrepreneurs as well as

Proceed with corrections, shorten documents, and acknowledge government orders. and any other related actions until completion

Any actions that the authorized person has performed within the scope of this authorization I am responsible and effective.

Binds me in every respect. This power of attorney is an authorization to carry out the actions specified above, from

date.....until date.....

sign.....Grantor

( )

sign.....Authorized person

( )

( sign.....witness

( )

( sign.....witness

( )

Notes (1) Name of natural person or name of juristic person (2)

Name of director with authority to sign to bind the

company (3) Name of person whom the company intends to hold a license.