Machine Translated by Google

Power of Attorney

Written at……

Date..…... Month…….…….. Year…….

By this letter, I, ... (Head Office)

Located at No.....Village No.....Lane/Soi.....

Street..... Sub-district/Precinct..... District/Area.....

Province.....Postal Code.....with.....

The person authorized to act on behalf of the legal entity as shown in the certificate of commercial registration and/or business registration

or the certificate of incorporation from the Ministry of Commerce, number.....

Dated ..... I hereby authorize .....

This person is authorized to act on my behalf in accessing the Food and Drug Administration's information system.

And medicine, including the e-Consultation system for health product consultations for entrepreneurs, as well as...

Proceed with the correction, abridgement of documents, acknowledge official orders, and perform any other related actions until completion.

I take full responsibility for any actions taken by my authorized representative within the scope of this authorization.

And it is binding on me in all respects. This power of attorney authorizes me to carry out the actions specified above.

This applies from ..... to .....

Signature.....Authorized Representative

( )

Signed.....Authorized Representative No. 1

( )

Signed.....Authorized Representative (Person #2)

)

(Signed.....Witness)

)

(Signed.....Witness)

( )

Affix a 30 baht stamp.

And affix the company seal (if applicable).

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Example of filling out a power of attorney form.

Power of Attorney

Written at……

Date..... Month……..…… Year……..

By this letter, I,.....Name of an individual or name of a legal entity.....Head Office

Located at No.....Village No.....Lane/Soi.....

Street..... Sub-district/Precinct..... District/Area.....

Province.....Postal Code.....with.....Name of the director authorized to sign binding agreement.

company

The person authorized to act on behalf of the legal entity as shown in the certificate of commercial registration and/or business registration or the certificate of incorporation from the Ministry of Commerce, number.....Juristic Person Number (If it is a government agency, enter the taxpayer identification number)

Dated .....Date of company registration I hereby authorize (Mr./Mrs./Ms.) ..... Name of the authorized representative

This person is authorized to act on my behalf in accessing the Food and Drug Administration's information system.

And medicine, including the e-Consultation system for health product consultations for entrepreneurs, as well as...

Proceed with the correction, abridgement of documents, acknowledge official orders, and perform any other related actions until completion.

I take full responsibility for any actions taken by my authorized representative within the scope of this authorization.

And it is binding on me in all respects. This power of attorney authorizes me to carry out the actions specified above.

This applies from the date ..... to the date .....

(The specified date must be no more than 1 year from the date of application.)

Note: One power of attorney document can authorize a maximum of two people.

Mandatory form

Signature.....Authorized Representative

( )

Mandatory form

Signed.....Authorized Representative No. 1

( )

Signed.....Authorized Representative (Person #2)

( )

(Required field)

Signed by.....Witness

( )

(Required field)

Signed by.....Witness

( )

Affix a 30 baht stamp.

And affix the company seal (if applicable).