**Letter of ATTORNEY**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*(full name of the organization, indicating the type of legal entity)*

As represented by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*(job title and full name of the person issuing power of attorney)*

acting on the basis of this letter,

hereby authorizes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*(full name of authorized representative)*

passport number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

contact telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

To accredit and pick up badge(-s) for INNOPROM-2017 International Trade Fair access; to get participants’ kit(-s) for the following delegate(-s) in “Japan Delegation” and exhibitors of Japan Pavilion.

The list of persons is attached (document not valid without list).

Letter of attorney granted from 6th to 13th July 2017.

Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(full name of authorized representative) (signature)

Principal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

(job title) (signature) (full name)

Stamp

Attached list

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 　 | **Organization** | **Surname/Given Name** | **Title**  | **Passport No.** |
| 1 | 　 | 　 |  |  |
| 2 | 　 | 　 |  |  |
| 3 | 　 | 　 |  |  |
| 4 | 　 | 　 |  |  |
| 5 | 　 | 　 |  |  |
| 6 | 　 | 　 |  |  |
| 7 | 　 | 　 |  |  |
| 8 | 　 | 　 |  |  |
| 9 | 　 | 　 |  |  |
| 10 | 　 | 　 |  |  |

Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(full name of authorized representative) (signature)

Principal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

(job title) (signature) (full name)

Stamp