

## Power of Attorney

Company:

Company ID no.:

Competent contact:

Competent contacts e-mail address:

I, as an authorized signatory for the company (named above), hereby verify that the competent contact (named above) has the competence and mandate to manage our licenses, send in new applications and decide and confirm which employees and consultants should have access to all information in the **Nordic Ecolabelling Portal** about and provided by the company (named above).

The competent contact will be the single point of contact to Nordic Ecolabelling when new login credentials are needed.

The information in the portal will include all licenses, licence applications, product information including goods and materials from your supply chain and a library with the documents being used by your company to verify compliance with the requirements to get a licence.

No liability for access to information in the portal may be imposed or transferred to Nordic Ecolabelling.

I have read and agree to [The Nordic Ecolabelling Regulations](#).

This power of attorney is valid from the date of signature until further notice.

Signature by Authorized signatory

Click above to sign (if signed with pen, please add date)

Authorized signatory name:

Authorized signatory title:

Authorized signatory e-mail address:

Authorized signatory phone number: