*TEMPLATE – POWER OF ATTORNEY GRANTED TO A LEGAL ENTITY:*

**Power of Attorney**

The Sponsor of clinical trial*… full title of the CT and its EudraCT number…,* company *the sponsor´s name, registered address and other identification data, e.g. company ID number, trade register ID number, if available, etc.,* (hereinafter “the Principal”)

hereby authorises

company (hereinafter “the Attorney”) *company name, registered address and other identification data, e.g. company ID number, trade register ID number, if available, etc.,* to act on its behalf before the State Institute for Drug Control in the issue: *(e.g. notification, application for authorisation, all actions related to the above mentioned clinical trial, etc.)*.

This Power of Attorney is granted for a limited/unlimited period of time/for the duration of the above mentioned clinical trial. *(if granted for a limited period of time, an exact date of expiration of this power of attorney must be stated).*

The Attorney is authorised to act independently through its authorised representative of delegate the power of attorney to another legal person or to authorise its employee to act on behalf of the Principal.

In …….. on *(date)*

The Principal: printed name and surname + handwritten signature *(original or copy, both officially certified by a notary public, the power of attorney must be signed by a representative authorised to act on behalf of the principal, e.g. a corporate agent, authorised person etc.) When the power of attorney is granted only for one clinical trial the signature need not be officially certified, however, for more than one clinical trial official certification is required.*

*Declaration of acceptance, signed and dated by the attorney, may be attached.*

*TEMPLATE – POWER OF ATTORNEY GRANTED TO A NATURAL PERSON:*

**Power of Attorney**

The Sponsor of clinical trial*… full title of the CT and its EudraCT number…,* company *the sponsor´s name, registered address and other identification data, e.g. company ID number, trade register ID number, if available, etc.,* (hereinafter “the Principal”)

hereby authorises

Mr./Mrs. *full name of the attorney, his/her place of residence, date of birth*, (hereinafter the Attorney) to act on its behalf before the State Institute for Drug Control in the issue: *(e.g. notification, application for authorisation, all actions related to the above mentioned clinical trial, etc.)*.

This Power of Attorney is granted for a limited/unlimited period of time/for the duration of the above mentioned clinical trial. *(if granted for a limited period of time, an exact date of expiration of this power of attorney must be stated).*

The Attorney is authorised to act independently or to delegate the power of attorney to another person to act in his/her place on behalf of the Principal.

In …….. on *(date)*

The Principal: printed name and surname + handwritten signature *(original or copy, both officially certified by a notary public, the power of attorney must be signed by a representative authorised to act on behalf of the principal, e.g. a corporate agent, authorised person etc.)*

*Declaration of acceptance, signed and dated by the attorney, may be attached.*

LETTER OF AUTHORISATION

Company (identify the company by name, registered address and ID Number),

hereby authorises its employee

Mr./Mrs. (name, date of birth, place of residence, position in the company, if appropriate), to:

- act on behalf of the company in the issue of clinical trial *trial full title and a EudraCT number*.

- act on behalf of the company in all matters related to all clinical trials sponsored by the company, or, where appropriate, for which the company is authorised to act on behalf of their sponsors or legal representatives on the grounds of a power of attorney.

In……..on *(date)*

The Principal: printed name and surname + handwritten signature *(original or a certified copy (authentication of the copy, authentication of the signature is not required); the power of attorney must be signed by a representative authorised to act on behalf of the principal, e.g. a corporate agent, authorised person etc.)*