

## **Annex VI - POWER OF ATTORNEY<sup>29</sup> related to the contract XX**

we, partner number 1: official name in full, official legal form<sup>30</sup>, statutory registration number<sup>31</sup>, official address in full, VAT registration number, represented for the purposes of the signature of this power of attorney by function of legal representative of partner number 1,

and,

we, partner number 2: official name in full, official legal form<sup>32</sup>, statutory registration number<sup>33</sup>, official address in full, VAT registration number, represented for the purpose of this power of attorney by function of legal representative of partner number 2,

and,

we, partner number 3 (repeat as many times as necessary): official name in full, official legal form<sup>34</sup>, statutory registration number<sup>35</sup>, official address in full, VAT registration number, represented for the purpose of this power of attorney by function of legal representative of partner number 3,

we hereby agree as follows based on the joint tender submitted together:

- to be jointly and severally liable towards the European Food Safety Authority for the performance of the contract and any future amendments;
- to comply with the terms and conditions of the contract and ensure the proper execution of their respective tasks and commitments;
- to designate partner number 1 as leading partner, where the leading partner's legal representative shall sign the contract, any order forms or specific contracts in case of framework contract, and any future amendments to those/these contracts;
- to allow the leading partner's legal representative to delegate the power of signing any order forms/specific contracts and any potential amendments to order forms/specific contracts;
- any payments by the European Food Safety Authority under the contract(s) shall be made to the leading partner.

### **For the Leading Partner**

name in full and function of legal representative of organisation 1

Signature: .....

Done at ....., on.....

### **For Partner number 2**

name in full and function of legal representative of organisation 2

Signature: .....

Done at ....., on.....

### **For the Partner number 3(repeat as many times as necessary)**

name in full and function of legal representative of organisation 3

Signature: .....

Done at ....., on.....

<sup>29</sup> Any modification to the present power of attorney shall be subject to the European Food Safety Authority's express approval. This power of attorney shall expire when all the contractual obligations of the Members of the Group towards the European Food Safety Authority in connection with the Contract have ceased to exist. The parties cannot terminate it before that date without the European Food Safety Authority's consent.

<sup>30</sup> Delete if contractor is a natural person or a body governed by public law.

<sup>31</sup> Delete if contractor is a body governed by public law. For natural persons, indicate the number of their identity card or, failing that, of their passport or equivalent.

<sup>32</sup> Delete if contractor is a natural person or a body governed by public law.

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