Power of Attorney

(mo.)) ((day)). ((year)
(I I I O .	, ,	, aa,	/ i l	, your

				(mo.) (day), (year)
To. Japan Electrical Saf	ety & Environment	Technology La	boratories	
[Applicant	<u>:</u>]			
(Please	e enter "1. Applican	t" of the Applica	ation for JET	Certification)
C	ompany name:			
A	ddress: [zip code	e(postcode))	
S	ection, Job title:			
P	Person in charge:			
				Seal
and delegate full author doing the related other particular (Agent)	•	ng application,	cnanging the	e entry/entries of the Certification, and
C	ompany name:			
A	ddress: [zip code	e(postcode))	
S	ection, Job title:			
P	Person in charge:			
Т	'elephone:		Fax:	Seal
[Validity of this Power of	'	ick the appropi	riate box belo	w.)
☐ From	to	[(mo.) (day),((year)]	
Remark: If it is a new F	Power of Attorney, p		-	Next time onwards, please submit its

сору.