



Swiss Confederation

FOPH  
(for official use)

## POWER OF ATTORNEY MANDATORY ONLY FOR BIOCIDAL PRODUCTS

A. Parties									
<b>The applicant (main user)</b>									
Name of company									
Address									
ZIP code / City									
<b>hereby authorises the proxy named below (sub-user)</b>									
Name of company									
Title									
Surname									
Name									
Address									
ZIP code / City									
Country									
Telephone									
E-Mail									
<b>to carry out actions as defined in A to D below in its name:</b>									
B. Scope of power of attorney (please check only one as appropriate)									
<input type="checkbox"/>	This power of attorney applies to all products running under the name of the licence holder/notifying party in Switzerland or to be authorised in future.								
<input type="checkbox"/>	This power of attorney applies only to the following products:								
	<table border="1"> <thead> <tr> <th>CPID</th> <th>Name of product</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>	CPID	Name of product						
CPID	Name of product								
<input type="checkbox"/>	More than 3 products are involved; a fill list, including names and CPID numbers, is enclosed.								
C. Powers (please check as appropriate; multiple options possible)									
<input type="checkbox"/>	Notifying and amending entries for biocidal products for new authorisations								

	Notifying and amending entries for biocidal products for applications for variations
	Providing information in response to enquiries from the authority
	Obtaining from the authority explanations of orders and decisions
	Own power of attorney document enclosed. (If checked, please leave points C and D blank and formulate the terms in your own written document.)
<b>D. Durations</b> (please check only one as applicable)	
	The power of attorney remains valid until
	The power of attorney runs for an indefinite period, but can be revoked or amended in writing at any time without stating reasons. Any changes must be submitted to the Notification Authority for Chemicals in writing with an original signature.  <b>IMPORTANT</b> The applicant must notify the proxy of the change for the change to take legal effect (Article 37 of the Swiss Code of Obligations)!
	This power of attorney replaces the version of  (Only fill in if an existing power of attorney is to be replaced)

<b>Place and Date</b>	
<b>Name of the signing person</b>	
<b>Surname of the signing person</b>	
<b>Function of the signing person</b>	
<b>Stamp</b> (if available)	
<b>Signature of the authorizationholder* (main user)</b> (or authorised signatory as per commercial register)	

The power of attorney must be signed by a person authorized to sign (electronically or by hand) in accordance with the commercial register or by a designated main user of the above mentioned registrant in the Product register for chemicals.

The power of attorney must be completed in its entirety, and sent by E-Mail to [cheminfo@bag.admin.ch](mailto:cheminfo@bag.admin.ch).  
Subject: "**Power of Attorney**"