**GSA/NP/02/19 - EGNOS GEOSTATIONARY SBAS PAYLOAD SERVICE - GEO-4**

**Annex 7 to the TIP: Template power of attorney**

**Power of attorney**

***(designating one of the companies as group coordinator and giving it power of attorney)***

We the undersigned:

– Signatory 1 (*Name, Function, Company, Registered address, VAT number*)

– Signatory 2 (*Name, Function, Company, Registered address, VAT number*)

– …..

– Signatory N (*Name, Function, Company, Registered address, VAT number*),

each of us having the legal capacity required to act on behalf of our company,

**HAVE AGREED AS FOLLOWS:**

1. For that purpose, the group members designate company X as group coordinator.   
   *[N.B. The group coordinator/prime must be one of the group members]*
2. The group members confer on the group coordinator all the necessary powers to act on their behalf in connection with the procurement process **GSA/NP/02/19 "** **EGNOS GEOSTATIONARY SBAS PAYLOAD SERVICE GEO-4"** This mandate involves in particular the following tasks:

* The group coordinator shall sign any procurement related documents requiring the candidate’s/tenderer’s signature).
* The group coordinator shall act as single point of contact for the GSA in connection with the procurement process.
* If awarded, the group coordinator shall sign the Contract and any addenda and/or amendments thereto, issue any invoices related to the supplies or the services and receive payments from the GSA on behalf of the group members.
* The group coordinator shall act as single point of contact for the GSA in connection with supplies and the related services to be provided under the Contract in case awarded. It shall coordinate the provision of the supplies and the related services by the group members to the GSA, and shall ensure proper performance of the Contract.

1. In case of contract award, as co-signatories of the Contract, all the group members:

* shall be jointly and severally liable vis-à-vis the GSA for the performance of the Contract;
* shall comply with the conditions of the Contract and ensure the proper execution of their respective share of the supplies and/or the services.

1. Payments by the GSA for the supplies or related services shall be made through the group coordinator’s bank account.   
   *[Provide bank details, name, address, account number, etc.]*

Any modification to the present agreement/power of attorney must be explicitly approved by the GSA.

This agreement/power of attorney shall expire when all the contractual obligations of the group members towards the GSA in connection with the supplies and the services to be provided under the Contract have lapsed. The parties may not terminate it before that date without the GSA’s consent.

Signed in ………………………………, on ….. …………

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Function |  | Function |  |
| Company |  | Company |  |
|  |  |  |  |
| Name |  | Name |  |
| Function |  | Function |  |
| Company |  | Company |  |