

## **Declaration of Authorization**

We Name: Address: City: Country:	Essence Smartcare Ltd. 12 Abba Eban avenue, Ackerstein Tower Bldg. D, P.O.Box 2073 Herzliya 4612001 Israel
Declare that:	
Name Representative Agent Company name Address: City: Country	ve of agent:
is authorized to apply for Certification of the following product(s):	
Product description: P/N: Type designation: Trademark: Validity/ expiry date	ES7502HC ES7502HC_B Essence Smartcare Ltd
on our behalf.	
Date:	June 14, 2021
City:	Herzliya
Name:	Tal Cohen <sup>(2)</sup>
Function:	Certification Manager
Signature:	Mur

Notes:

<sup>(1):</sup> Required for FCC application

<sup>(2):</sup> For FCC it must be the Grantee Code "owner" or the authorized agent.