



General Authorisation
 Individual Authorisation

For OHIM
ID No. of authorisation _____

Representative's reference No. _____

I / We

Name/s

ID No. of authorisor/s _____

Address

Street and house number or
equivalent

City and postal code _____

Country _____

Telephone number/s _____

Telefax number/s _____

do hereby authorise

**Nature of
representative**

Professional representative

No. on the list of professional
representatives _____

Legal practitioner

Association of representatives

Employee

Name of representative or
association of representatives _____

Address (place of business)

Street and house number or
equivalent

City and postal code _____

Country _____

Telephone number/s _____

Telefax number/s _____

**to represent me/us before the Office for Harmonization in the
Internal Market (Trade Marks and Designs)**

General authorisation

in all proceedings as applicant or proprietor in relation to all present or future Community trade mark applications or registrations, as well as in all other proceedings before the Office

Individual authorisation

in the following proceedings _____

Sub-authorisation

may be given

may not be given

Signature/s

Place and date _____

Signature _____

Name of person/s signing _____