



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