



☐ **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