



**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