



☐ **General Authorisation**  
☐ **Individual 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