

	General Authority Individual Au	
		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 author	ise
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		