

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 European Union Intellectual Property
Office**

General authorisation

in all proceedings as applicant or proprietor in relation to all present or future European 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