

☐ **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