



Office for Harmonization  
in the Internal Market

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**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*