



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 representative

CON LOR SPA

Address (place of business)

Street and house number or
equivalent

City and postal code

Country

Telephone number/s

Telefax number/s

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to represent me/us before the Office for Harmonization in the International Market (Trade Marks and Designs)

General authorisation

in all proceedings as applicant or proprietor in relation to all present of 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