

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**

CON LOR SPA

Address (place of business)
Street and house number or
equivalent _____
City and postal code _____
Country _____
Telephone number/s _____
Email _____

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Milano 20133
Italy
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conlor.mi@conlor.com**

**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