

- General Authorisation  
 Individual Authorisation

**For OHIM**  
ID No. for 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

**Nº 10675**

Legal practitioner

Association of representatives

Employee

**SUGRAÑES PATENTES Y MARCAS  
(Association of representatives No. 10675)**

**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

calle Provenza, 304  
08008 BARCELONA  
Spain  
+34932151917  
+34932153723

**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

sign here +

5

Name of person/s signing