



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

635, 50366

Legal practitioner

Association of representatives

Employee

Name of representative or
association of representatives

Patentanwalt Mikšovsky KG DI DDr. Alexander Mikšovsky

Address (place of business)

Street and house number or
equivalent

City and postal code

Country

Telephone number/s

Telefax number/s

Garnisongasse 4

1096 Wien

Austria

(+43-1)406 46 00

(+43-1)406 46 00 - 9

**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