

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

Via Bronzino, 8

City and postal code

Milano 20133

Country

Italy

Telephone number/s

+39 02 26680330

Telefax number/s

+39 02 70633656

**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