



- General authorization
 Individual authorization

For **OHIM**
ID No of authorization

Representative' reference
No _____

I / We

Name/s

ID No of authorizer/s

Address

Street and house No

or equivalent

City and postal code

Country

Telephone No/s

Telefax No/s

do hereby authorize

**Nature of
representative**

Professional representative

No on the list of professional
representatives

12823

Legal practitioner

Association of representatives

Employee

AGUILAR & REVENGA

**Name of representative or
association of representatives**

Address (place of business)

Street and house No

or equivalent

City and postal code

Country

Telephone No/s

Telefax No/s

Consell de Cent, 415 5è 1^a

08009 BARCELONA

(Spain)

Phone: (3493) 265.14. 69 – Fax: (3493) 232. 92.67

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

General authorization

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 authorization

in the following
proceedings

Sub-authorization

may be given

may not be given

Signature/s

Place and date

Signature

Name of person/s signing