



- General authorization**  
 **Individual authorization**

For OHIM

ID No of authorization

Representative's 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**

- |  |                 |      |                   |       |
|--|-----------------|------|-------------------|-------|
| <input checked="" type="checkbox"/> Professional representative            | Pierre Kihn     | 3428 | Henri Kihn        | 25618 |
|  | Jean Beissel    | 3430 | Olivier Laidebeur | 27165 |
| <input type="checkbox"/> No on the list of professional<br>representatives | Romain Lambert  | 5874 | Nicole BACH       | 43839 |
|  | Philippe Ocvirk | 6241 | Marie-C. SIMON    | 47386 |
|  |                 |      | Anne Trigaux      | 51629 |

- Legal practitioner  
 Association of representatives  
 Employee

**Name of representative or  
association of representatives**

**OFFICE FREYLINGER S.A.**

**Address (place of business)**

Street and house No (or equivalent)

234, route d'Arlon; B.P. 48

City and postal code

L-8001 Strassen

Country

Luxembourg

Telephone No/s

+352-313830-1

Telefax No/s

+352-313833

**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 authorisation**

- in the following proceedings

**Sub-authorization**

- may be given  may not be given

**Signature(s)**

Place and date

Signature

Name of person/s signing