

- General authorization**
 Individual authorization

For EUIPO

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**

- Professional representative
 Legal practitioner
 Association of representatives no. 10861
 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 European Union Intellectual
Property Office**

General authorization

- in all proceedings as applicant or proprietor in relation to all present or future Community trademark 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