



General Authorisation
 Individual Authorisation

For OHIM
 ID No. of 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**

Cruickshank & Co _____

Address (place of business)
 Street and house number or
 equivalent
 City and postal code
 Country
 Telephone number/s
 Telefax number/s

8a Sandyford Business Centre
 Sandyford, Dublin 18
 Ireland
 +353 1 299 2222
 +353 1 299 2299

**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