



**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

Patentanwaltskanzlei Matschnig

**Address** (place of business)

Street and house number or  
equivalent

City and postal code

Country

Telephone number/s

Telefax number/s

Siebensterngasse 54

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AUSTRIA / Österreich

+43 1 523 34 96

+43 1 526 48 86

mat.patent@vienna.at

**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