



- General Authorisation**
 Individual Authorisation

For EUIPO
ID No. of authorisation

Representative's reference No.

I / W e

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

ING. C. CORRADINI & C. S.R.L.

Address (place of business)
Street and house number or
equivalent
City and postal code

Piazza Luigi di Savoia, 24

20124 MILANO (MI)

Country

ITALIA

Telephone number/s

0039 02 67072580

Telefax number/s

0039 02 67385793

to represent me/us before the european union intellectual property office

General authorisation

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