

1 General authorisation

General authorisation No.
(for official use only)

Please forward the **original** direct to the EPO, Legal Division (Dir. 5.2.4) in Munich.
Please read the attached notes before completing the form.

2 I (We)

Full name and address of authorisor(s)

3 do hereby authorise

Full name and address of authorisee: professional representative, legal practitioner, employee, association of representatives.
Please specify

4 to represent me (us) in all proceedings established by the European Patent Convention and to act for me (us) in all patent transactions.

- This authorisation includes the power to receive payments on my (our) behalf.
- This authorisation shall also apply to the same extent to any proceedings established by the Patent Cooperation Treaty.

5

- Sub-authorisation may be given.
- Additional representatives indicated on supplementary sheet.

6

Please return a copy, supplemented by the general authorisation number, to the authorisor.

Place

Name (printed)

Date

Position within the company (where relevant)

Signature*

* The form must bear the personal signature(s) of the authorisor(s). In the case of legal persons, the signature must be that of the person empowered to sign on behalf of the company. If possible, please sign in blue.