



## General authorisation

Please forward the **original** direct to the EPO, Legal Division (Dir. 5.2.3) in Munich.  
**Please read the attached notes** before completing the form.

**2 I (We)**

Full name and address of authorisor(s)

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**1** General  
authorisation No.  
(for official use only)

**3 do hereby authorise**

Full name and address  
of authorisee: professional  
representative, legal practitioner,  
employee, association of  
representatives – **please specify**

FORAL Patent Law Offices  
P.O.Box 98  
Riga, LV-1050  
Latvia

-- association of representatives --

**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.

Name (printed)

Position within the company (where relevant)

Place, Date

Signature\*

**7** \* 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.