MODEL INTERNATIONAL FORM No. 2

POWER OF ATTORNEY

for proc	cedure before the Office of	
	FOR OFFICE USE ONLY	
	Reference number of person making the appointment: ¹	
Appointment The undersigned below.	The undersigned hereby appoints as his representative the person identified in item 3	
Name of the P	Person Making the Appointment ²	

1.

2.

The reference number allotted by the person making the appointment to this power of attorney may be indicated in this space.

If the person making the appointment is the applicant (or one of the applicants), the name to be indicated is that of that applicant, as indicated in the application(s) to which this power relates. If the said person is the holder (or one of the holders), the name to be indicated is that of that holder, as recorded in the register of marks. If the said person is an interested person other than an applicant or holder, the name to be indicated is the full name of that person or the name customarily used by that person.

3.	Rej	Representative			
	3.1	Name:			
	3.2	Address (including postal code and	d country):		
		Telephone number(s): (with the area code)	Telefacsimile number(s): (with the area code)		
1.	Ap	plication(s) and/or Registration(s) C	oncerned		
	Thi	is power of attorney concerns:			
	4.1		ons and/or registrations of the person making exception indicated on an additional sheet.		
	4.2	the following application(s) and	//or registration(s):		
		4.2.1 the application(s) concerning th	e following mark(s): ³		
		4.2.2 the application(s) having the following any registration(s) resulting them.	llowing application number(s) ⁴ as well as refrom:		
		4.2.3 the registration(s) having the fo	llowing registration number(s):		
			4.2.2 or 4.2.3 are not sufficient, check this mation on an additional sheet.		

Complete this item if the power of attorney is filed with the Office together with the application(s).

Where the application number of an application has not yet been issued or is not known to the applicant or his representative, that application may be identified by furnishing either: (i) the provisional application number, if any, given by the Office, or (ii) a copy of the application, or (iii) a reproduction of the mark, accompanied by an indication of the date on which, to the best knowledge of the applicant or his representative, the application was received by the Office and an identification number given to the application by the applicant or his representative.

5.	Scope of the Power of Attorney			
	5.1	Check this box if the representative has the right to act as representative for all purposes, including, where the person making the appointment is an applicant or a holder, the following purposes:		
		5.1.1 withdrawal of the application(s).		
		5.1.2 surrender of the registration(s).		
	5.2	Check this box if the representative does not have the right to act as representative for all purposes and indicate here or on an additional sheet the purposes excluded from the powers of the representative:		
6.	Signature or Seal			
	6.1	Name of the natural person who signs or whose seal is used:		
	6.2	Date of signature or of sealing:		
	6.3	Signature or seal:		
7.	Add	itional Sheets and Attachments		
		Check this box if additional sheets and/or attachments are enclosed and indicate the total number of such sheets and/or attachments:		