

General power of attorney

This form is a notification of an appointment or change of representative.

Fields marked ▶ must be filled in

Fields marked ● fill in if relevant

Fill in with typed or capital letters.

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onsagers

▶ Subject area ☒ Trademark ☒ Design ☐ Patent ☐ All

● Change of representative

☐ This is a notification of change of representative.

▶ Representative

I/we hereby authorize:

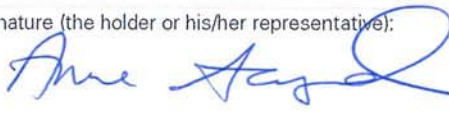
Name: Onsagers AS		
Address: 		
Postal code:	City:	Country:
Organisation number:		Customer ID: 1075

the power to file an application and represent me/us in everything concerning it, and after the application has been registered, to receive announcements and other procedural communications relating to it. I/we hereby also confer upon the representative the right to withdraw the application, partially or totally, and to request a partial or total cancellation of the protection. This power of attorney includes divisional and separate applications and protection obtained on the basis of such applications. The representative is authorised to transfer this power of attorney to another agent.

▶ Applicant/
holder

Name / Company name: Oslo kommune, Byrådslederens kontor		
Address: Rådhuset		
Postal code:	City:	Country:
0037	Oslo	
Organisation number:		Customer ID:

▶ Signature

Place and date: Oslo 18.10.2018	Signature (the holder or his/her representative): 
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Postboks 8160 Dep.
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0033 Oslo

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