

Power of attorney

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

Read the notes carefully before completing this form. This is particularly important if you are sending us information concerning trade secrets that you do not wish published. Fields marked with * are mandatory. Fill in the form using capital letters or type it. Please do not staple the pages together. Please note that you will have to print out this form, as the information can not be saved.

patent trademark design
**Norwegian Industrial
Property Office** 

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*Subject area

One subject area per form only.



Trademark



Design



Patent

*Application/ reg.no.

The power of attorney only applies to the following application/registration:
(Please use the list on the next page if the list below is not sufficient.)

Appl. No./Reg. No./Pat No./Your ref.
202002666

OR trademark/product specification/title of patent/other description
BANKSY

Appl. No./Reg. No./Pat No./Your ref.

OR trademark/product specification/title of patent/other description

Attachments



Check box if additional documentation is attached.

Change of representative



This is a notification of change of representative.

Your reference regarding this notification:

150836kmh

*Representative

I/we hereby
authorize:

Given name/Company name:
SANDS Advokatfirma DA

Surname:

Postal address:
Postboks 1829 Vika

Postal code:
0123

City:
Oslo

Country:
Norway

Organisation number, if company:
960 716 647

Customer ID at NIPO, if any:

the power to file an application and represent me/us in everything concerning it, and after the application has been registered, to receive and send 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

Given name/Company name:
Pest Control Office Ltd.

Surname:

Postal address:
International House

2-4 Maddox Street

Postal code:
W1S 1QP

City:
London

Country:
Great Britain

Organisation number, if company:

Customer ID at NIPO, if any:

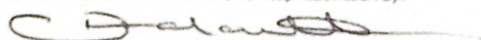
*Signature

Place:

Date:

Signature (the holder or his/her representative):

28.02.20



For insertion of the representative's logo (optional)