

FORM NO. 5

## Ireland (IE)

## **AUTHORISATION OF PATENT AGENT**

Patents Act, 1992

I/We, the undersigned, hereby appoint the following to act as my/our agent

Name of Agent

**OFFICE FREYLINGER S.A.** 

Address

234, route d'Arlon P.O. Box 48 L-8001 Strassen Luxembourg

in connection with the following European Patent designating Ireland

## European Patent No.

Our address for service in Ireland is care of OFFICE FREYLINGER S.A. at their address as indicated above.

Proprietor

Signature:

Name(s):

Capacity: (if authorisation being given by a body corporate)

Signed at:

Date: