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| **PODER GENERAL D'AUTORITZACIÓ PER ACTUAR COM A AGENT DE PATENTS AL PRINCIPAT D’ANDORRA** | **POWER OF ATTORNEY AUTHORIZING TO ACT AS AUTHORIZED ATTORNEY IN THE PRINCIPALITY OF ANDORRA** |
| El sotasignat | The undersigned |
| **OWNER’S NAME**  OWNER’S ADDRESS | |
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| autoritza per que actuï com a agent de patents a, | hereby entitles to act as an authorized attorney, |
| **JOSEP CARBONELL GIMENO (AP-2015-01-03)** C/ B. Riberaygua, 39, 4t 3a Andorra la Vella **Andorra** | |
| davant l’Oficina de Marques i Patents del Principat d’Andorra per presentar totes les sol.licituds de patents, noves, existents o futures del sotasignat així com el pagament de les taxes i/o anualitats corresponents. | before the Patent and Trademark Office of the Principality of Andorra to file all patent applications, new, existing or future and to pay the corresponding rates and/or annuities. |
| Signat a: / Undersigned in: City (Please Complete) | |
| Data: / Date: dd/mm/yyyy (Please Complete) | |
| Signatura (\*) | / Signature (\*) |
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| first name and family name and position if Juridical person (Please Complete) | |
| (\*) Respecte de la signatura: | (\*) Concerning the signature: |
| Persona Física : firma indicant nom i cognoms | Natural person: signature with first name and family name. |
| Persona jurídica: nom de la Companyia indicant el càrrec i nom i cognom de la persona física que signa. | Juridical person: first name and family name and position of the undersigned. |
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| **No necessita legalització** | **No legalization/notarization required** |