Power of attorney

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

Read the <u>notes</u> 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.

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					Orano 071526157 MVA
•Subject area One subject area per form only.	Trademark	☐ Desig	jn Pa	atent	Org.no. 971526157 MVA
•Application/	Appl. No./Reg. No.	/Patent No.	Trademark/design/tit	le of patent	
reg.no.					
The power of attorney applies to the following application/registration: (Please use the list on the next page if the list below is not sufficient.)		/Patent No.	Trademark/design/tit	le of patent	
Attachments	Check box if a	dditional docume	entation is attached.		
Change of representative	This is a notif	cation of change	of representative.	Your refe	erence regarding this notification:
Representative	Given name/Company name: CURO AS			Surname:	
authorize:	Postal address: Vestre Rosten 81				
	Postal code: 7075		City: Tiller		Country: Norway
			Organisation number,	if company:	Customer ID:
	basis of such applic	ations. The represe			ications and protection obtained on the wer of attorney to another agent.
•Applicant/ holder	Given name/Company name:				Surname:
	Postal address:				
	Postal code:		City:		Country:
	Organisation number, if company: Customer ID:				Customer ID:
		Date		Cianatuna (tha	
●Signature	Place:	Date	:	Signature (the	e holder or his/her representative):

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Please use this list if the list on the previous page is not sufficient

Appl. No./Reg. No./Patent No.	Trademark/design/title of patent
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