



Government of Samoa

AUTHORISATION OF AGENT

1. In the matter of an Application by:
(The Business Name or Individual Person)

for registration of trade mark(s) name: _____

2. We (Agent/Applicants Name): _____
- of (physical address, emails and telephone nos./ business venture) _____

3. Country of Incorporation: _____

4. Authorize and appoint: _____

to act as our agent in respect of all matters concerning the above trade mark/application and request that all notices, requisitions and communication relating thereto be sent to the above address.

All previous authorisations, if any, in respect of the same matter or proceeding are hereby revoked.

Date this _____ day of _____

Signature

Name & Title

**To: The Registrar of Trade Marks
Ministry of Commerce Industry & Labour
Level 3, ACC Building, Beach Road, Apia**