

THE REBUPUBLIC OF UGANDA

FORM OF AUTHORISATION OF AGENT

A MATTER OR PROCEEDING UNDER THE TRADEMARK ACT

(RULE14)

I (or We)

have appointed (a) **Allied IP Attorneys**

of: P.O. Box: 49140 –Dubai - UAE

to act as my (or our) agent for (b).....

.....No.....

and request that all notices, requisitions and communications relating thereto may be set to such agent at the above address.

I (or we)

hereby revoke all previous authorizations, if any, in respect of the same matter of proceeding.

I (or we)

do hereby declare that I am (or we are) a (c)

.....

dated this day of 2004

(d)

Address(e)

(To be struck out if the person appointing the Agent desires his own address to be treated as the address for service after registration).

I (we)

also authorise the said (a) **Allied IP Attorneys**

to complete Form TM-No 32 requesting the entry of an address for service as part of registration obtained under the above authorisation.

