**P O O B L A S T I L O**

**A U T H O R I Z A T I O N**

Reg. št. zastopnika: \_\_\_\_\_\_

Representative ref. No:

**Jaz/Mi**

**I/We**

**Ime in priimek oz. firma /
Name and surname or business name :**

Naslov oz. sedež / Address or seat :

Ulica in hišna številka / Street and house No :

Kraj in poštna številka / City and postal code :

Država / Country :

Telefon / Telephone :

Telefaks / Telefax :

E-naslov / E-Address :

**p o o b l a š č a m (o)**

**do hereby authorize**

**Zastopnika / Representative** :

**Naslov / Address** :

Ulica in hišna številka / Street and house No :

Kraj in poštna številka / City and postal code :

Telefon in telefaks / Telephone and Telefax :

E-naslov / E-Address :

**da me/nas zastopa pri Uradu RS za intelektualno lastnino to represent me/us before the Slovenian Intellectual Property Office**

|  |  |
| --- | --- |
| v zvezi s prijavo za dodatni varstveni certifikat / dodatni varstveni certifikat | in relation to the application for a supplementary protection certificate / supplementary protection certificate |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| kot prijavitelja ali nosilca v vseh postopkih v zveziz zgoraj navedeno prijavo za dodatni varstveni certifikat ali podeljenim dodatnim varstvenim certifikatom. | in all proceedings as applicant or proprietor in relation to the said application for a supplementary protection certificate or granted supplementary protection certificate. |

Pooblastilo je prenosljivo / Sub-authorization: [ ]  da / may be given [ ]  ne / may not be given

Podpis(i) / Signature(s):

Kraj in datum / Place and date:

Podpis / Signature:

Ime(na) podpisane(ih) oseb(e) / Name of person(s) signing: