

FORM 1

**AUTHORISATION OF AGENT  
TRADE MARKS ACT  
(REGULATION 16)**

I/We .....

of .....

Have appointed Messrs. **1<sup>st</sup> Attorneys** of Ground Floor, (Front Wing), NIM House, 22 Idowu Taylor Street, Victoria Island, Lagos, Nigeria to act as my/our agents for the registration/renewal/assignment of Trade Mark (s)

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.....  
and request that all notices, requisitions and communication, if any, in respect of the same matter or proceeding may be sent to our above mentioned agents at the above address.

I/We hereby declare that I am/We a/are  
.....

**Dated this ..... day of .....2011**

(Signed): .....  
**Secretary/Director/Manager**

Address.....  
.....

**To:**

**The Registrar of Trade Marks  
Commercial Law Section  
Trade Marks Department  
Federal Ministry of Commerce  
Garki, Abuja.**