

FORM NO. 1
BAHAMAS TRADE MARKS ACT

FORM OF AUTHORISATION

Sir,

We [name of applicant]_____ of
[address of applicant]_____ beg to inform you
that we have appointed **MOSKO & ASSOCIATES**, 49 Collins Avenue, P. O. Box N-
7816, Nassau, Bahamas to act as our agent for the Registration of :-

Trademark in Class in the Commonwealth of The Bahamas
We are, Sir,
[name of applicant]

By:
Title:
Address: [address of applicant]

Dated the day of A.D., 20

To: **The Registrar**
Office of the Registrar General
Nassau, Bahamas