

FORM TM 48
THE TRADE MARKS ACT, 1999

I, **PRIYA VART**, Authorised Partner of **AU HERBALS**, a Partnership Firm, having registered office address at **PLOT NO 300, VIJAY NAGAR, REWARI, HARYANA 123401**, do hereby authorize, **Ms. Diksha Lal** (Advocate) of **Lawyer24x** having their address at **A-46, First Floor, Front Side, Shankar Garden, Vikas Puri, New Delhi - 110018** as my Advocate/ Attorney/ Agent in connection with filing, maintaining, prosecuting various applications for registration of Trademarks and obtaining registration and renewals, and also to file oppositions and rectification proceedings under the Act. I further authorize the above said Attorney to attend hearings (if any) in relation to the Trade Marks. I also request that all notices, requisitions, and communications relating thereto may be sent to such agents at the above-mentioned address.

I hereby revoke all previous authorization, if any respect of the above proceeding.

All communications relating to this application may be sent to the following address in India.

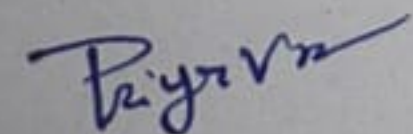
Diksha Lal (Advocate)

A-46, First Floor, Front Side,

Shankar Garden, Vikas Puri,

New Delhi - 110018

+919599798747



PRIYA VART

PARTNER

AU HERBALS

Dated: 15/10/2025