**PCT**

**POWER OF ATTORNEY**

*(for an international application filed under the Patent Cooperation Treaty)*

(PCT Rule 90.4)

.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| The undersigned applicant(s) *(Names should be indicated as they appear in the Request Form (PCT/RO/101))*: | | | | | | | |
|  | | | | | | | |
| hereby appoints (appoint) the following person as: | | | | agent | | common representative | |
| **Name and address**  *(Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)* | | | | | | | |
| A J Aspberg C J Baker H Bartlett R S Bassett J Beevers B Bell C M Bowers V Brázdová C Brownlie  C J Cadman D A Carling G H Carr R J Charig D J Clark C W Crowhurst S P Curtis M Dabrowka I M Dee  M P Didmon P J Finnie T D Harding C B Hartland F J Hey S L Holland B Hoffmann D J Holt P E Hothersall  D Hudson L Karnøe M S A Khan C M L KiørboeM KramerO A Laing A Lauge B J Lincoln M J Linehan  S A Linehan J Livesey S P McNeeney C Marshall D Maxwell G D McCallum N D McDonald D A Mitchell S A Moore  A Mortiboy P Mumford M Nichols K O’Connell M R Pears A Pearson S J Pilkington T J Powell A J Proctor  R I Pugh K Rich R A Roberts J Sellin M G Simpson S E Smith S Snelgrove G L Subijana F Law I E Stevens  S J E Swindells J L C Teng P J D Thomas J H Wainwright M Walsh M J Wells R E Wells A J Wright  of POTTER CLARKSON  Riddargatan 10, Stockholm 114 35  Sweden  Tel: +46 8 505 345 52 | | | | | | | |
| to represent the undersigned before | | | all the competent International Authorities | | | | |
|  | | | the International Searching Authority only | | | | |
|  | | | the Authority specified for supplementary search: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(please indicate the Authority(ies) specified for supplementary search)* | | | | |
|  | | | the International Preliminary Examining Authority only | | | | |
| In connection with the international application identified below: | | | | | | | |
| any competent Receiving Office | | | | | | | as receiving Office |
| and to make or receive payments on behalf of the undersigned. | | | | | | | |
|  | **Title of the invention:** | | | |  | | |
|  | **Applicant’s or agent’s file reference:** | | | |  | | |
|  | **International application number (if already available):** | | | |  | | |
| **Signature(s)** | | *(where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):* | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:  Capacity: | | | | | | | |
| Date: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

Form PCT/Model of power of attorney (for a given international application) (January 2009)