**PCT**

**GENERAL POWER OF ATTORNEY**

*(for several international applications filed under the Patent Cooperation Treaty)*

(PCT Rule 90.5)

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| The undersigned person(s):  *(Family name followed by given name: for a legal entity, full official designation.)* | | | | | |
|  | | | | | |
| hereby appoint(s) 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  Chapel Quarter  Chapel Bar  Nottingham  NG1 6HQ  United Kingdom  Tel: +44 (0)115 955 2211  Fax: +44 (0)115 955 2201 | | | | | |
| 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 any and all international applications filed by the undersigned with the following Office: | | | | | |
| any competent Receiving Office | | | | | as receiving Office |
| and to make or receive payments on behalf of the undersigned. | | | | | |
|  | |  | |  | |
| **Signature(s)** | *(where there are several persons, 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 this power):* | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:  Capacity: | | | | | |
| Date: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

Form PCT/Model of general power of attorney (for several international applications) (January 2009)