**PCT**

**GENERAL POWER OF ATTORNEY**

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

(PCT Rule 90.5)

.

|  |
| --- |
| The undersigned person(s):*(Family name followed by given name: for a legal entity, full official designation.)* |
|       |
| hereby appoint(s) the following person as: | [x]  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 Wrightof POTTER CLARKSONChapel QuarterChapel BarNottinghamNG1 6HQUnited KingdomTel: +44 (0)115 955 2211Fax: +44 (0)115 955 2201 |
| to represent the undersigned before | [x]  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)