

# PATENT COOPERATION TREATY

From the RECEIVING OFFICE

# PCT

NOTIFICATION OF DEFECTIVE POWER  
OF ATTORNEY OR DEFECTIVE  
REVOCATION OF POWER OF ATTORNEY

(PCT Rules 90.4(c) and 90.6(e))

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| To: |
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| Date of mailing<br><i>(day/month/year)</i> |
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|                                       |
|---------------------------------------|
| Applicant's or agent's file reference |
|---------------------------------------|

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| <b>REPLY DUE</b> within                  month/days<br>from the above date of mailing |
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|-------------------------------|
| International application No. |
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| International filing date<br><i>(day/month/year)</i> |
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| Applicant |
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| <p>1. The applicant is hereby notified that:</p> <p style="margin-left: 40px;"><input type="checkbox"/> the power of attorney</p> <p style="margin-left: 40px;"><input type="checkbox"/> the revocation of power of attorney</p> <p>submitted to this receiving Office <b>has been found defective</b> for the reason(s) indicated below:</p> <p style="margin-left: 40px;"><input type="checkbox"/> it does not contain the required signature(s) <i>(specify)</i>:</p> <p style="margin-left: 40px;"><input type="checkbox"/> it is not contained in a separate document.</p> <p style="margin-left: 40px;"><input type="checkbox"/> it does not contain the indications required under Rule 4.4 concerning the name and address of the appointed person <i>(specify, if necessary)</i>:</p> <p>2. The applicant is hereby <b>invited</b>, within the time limit indicated above, <b>to correct the defect(s)</b>.</p> <p>3. <b>Failure to do so</b> shall result in the appointment/revocation being considered non-existent.</p> |
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| Name and mailing address of the receiving Office |
| Facsimile No.                                    |

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|--------------------|
| Authorized officer |
| Telephone No.      |