Model International Form Under the Patent Law Treaty (PLT)	For Office use only
REQUEST FOR CORRECTION OF MISTAKES	
*Indicate name of national or regional patent Office with which the correction of mistakes is requested	Reference indication of person making the request (if desired):
Box No. I APPLICATION(S) AND/OR PATENT(S) CONCERNED	
The present request concerns the following application(s) and/or patent(s): Application number(s)*:	
Patent number(s):	
*Where the application number has not yet been issued or is not known to the application furnishing (i) the provisional application number (if any) given by the Office, (ii) a cope the application was sent to the Office, or (iii) a reference number given to the application address of the applicant, the title of the invention and the date on which the application	by of the request part of the application along with the date on which ion by the applicant or his representative, along with the name and
Further applications and/or patents concerned are indicated on additi	onal sheet No
Box No. II APPLICANT(S) AND/OR OWNER(S)	
Name and address: (Family name followed by given name; for a legal entity, full off designation. The address must include postal code and name of country. The country of address indicated in this Box is the country of residence.)	
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office
Further applicants and/or owners are indicated on the following shee	t: Continuation of Box No. II
Box No. III REPRESENTATIVE	
Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office
The power of attorney Appointment was made on the request form when the application was filed	The power of attorney (No) is already in the possession of the Office
Further representatives are indicated on the following sheet: Continu	nation of Box III

Continuation of Box No. II FURTHER APPLICANT(S) AND/OR OWNER(S)		
If none of the following sub-boxes is used, this sheet should not be incl		
Name and address:	Telephone No.	
	F	
	Facsimile No.	
	E-mail address	
	E-man address	
	Registration No. or other indication registered	
	with the Office	
	Telephone No.	
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	E-mail address	
	Registration No. or other indication registered with the Office	
	with the office	
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Name and address:	Tetephone 110.	
	Facsimile No.	
	E-mail address	
	Registration No. or other indication registered with the Office	
Name and address:	Telephone No.	
	Facsimile No.	
	E-mail address	
	Registration No. or other indication registered	
	with the Office	
	Talankana Na	
Name and address:	Telephone No.	
	Facsimile No.	
	r aestime No.	
	E-mail address	
	Registration No. or other indication registered with the Office	
	with the Office	

Continuation of Box No. III	FURTHER REPRESENTATIVE(S)	
If none of the following sub-bo	oxes is used, this sheet should not be included in	the request.
Name and address:		Telephone No.
		Facsimile No.
		E-mail address
		Registration No. or other indication registered with the Office
The power of attorney is enclosed	Appointment was made on the request form when the application was filed	The power of attorney (No) is already in the possession of the Office
Name and address:		Telephone No.
		Facsimile No.
		E-mail address
		Registration No. or other indication registered with the Office
The power of attorney is enclosed	Appointment was made on the request form when the application was filed	The power of attorney (No) is already in the possession of the Office
Name and address:		Telephone No.
		Facsimile No.
		E-mail address
		Registration No. or other indication registered with the Office
The power of attorney is enclosed	Appointment was made on the request form when the application was filed	The power of attorney (No) is already in the possession of the Office
Name and address:		Telephone No.
		Facsimile No.
		E-mail address
		Registration No. or other indication registered with the Office
The power of attorney is enclosed	Appointment was made on the request form when the application was filed	The power of attorney (No) is already in the possession of the Office

Box No. IV ADDRESS FOR CORRESPONDENCE OR LEGAL SERVICE
Box No. V INDICATION OF MISTAKE(S) AND CORRECTION(S)
(a) Mistake to be corrected:
(b) Correction to be made:
Further corrections are indicated on additional sheet No
Box No. VI ENCLOSURE(S)
BOX 110. 11 ENCLOSERE(S)
☐ Power of attorney (Box No. III)
☐ Replacement page(s) incorporating the correction
☐ Errata sheet(s)
☐ Declaration by the requesting party stating that the mistake was made in good faith
Declaration by the requesting party stating that the request was made without undue delay following the discovery of the mistake
 Declaration by the requesting party stating that the request was made without intentional delay following the discovery of the mistake
Separate copy(copies) of the request and, if applicable, replacement page(s) or errata sheet(s) for each application and patent concerned, where the request relates to more than one application or patent
☐ Others (specify)
Box No. VII SIGNATURE OR SEAL; DATE
Next to each signature or seal, indicate the name of the person signing or sealing, the capacity in which the person signs or seals (if such capacity is not obvious) and the date of signature or of seal