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Under the Patent Law Treaty (PLT)	
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DEOLIECT FOR	
REQUEST FOR	
RECORDATION OF A LICENSE	
CANCELLATION OF THE RECORDATION	
OF A LICENSE	Reference indication of person making the request
	(if desired):
* Indicate name of national or regional patent Office with which the recordation is requested.	
recordanon is requested.	
Box No. I APPLICATION(S) AND/OR PATENT(S) CONCERN	NED
The present request concerns the following application(s) and/or patent(s):	
Application number(s)*:	
Detect much or(a)	
Patent number(s):	
*Where the application number has not yet been issued or is not known to the applicant of	or representative that application may be identified by furnishing
(i) the provisional application number (if any) given by the Office, (ii) a copy of the reque	est part of the application along with the date on which the
application was sent to the Office, or (iii) a reference number given to the application by of the applicant, the title of the invention and the date on which the application was sent to	
Further applications and/or patents are indicated on additional sheet No	
Box No. II LICENSOR(S) OF THE LICENSE CONCERNED	
	Telephone No.
Name and address: (Family name followed by given name; for a legal entity, full offic 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
	D. N. H.
Further licensors are indicated on the following sheet: Continuation of	Box No. II
Box No. III REPRESENTATIVE OF THE LICENSOR(S)	
Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	2 11111 4001500
	Pagistration No. or other indication register-1
	Registration No. or other indication registered with the Office
The power of attorney Appointment was made on the request	The power of attorney (No)
is enclosed form when the application was filed	is already in the possession of the Office
Further representatives of the licensor are indicated on the following sh	eat: Continuation of Roy No. III

Continuation of Box No. II FURTHER LICENSOR(S) If none of the following sub-boxes is used, this sheet should no	ot be included in the request.
Name and address:	Telephone No.
	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
Name and address:	Telephone No.
	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
Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office

	FURTHER REPRESENTATIVE(S) OF THe oxes is used, this sheet should not be included in	
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 LEGA	AL SERVICE OF T	THE LICENSOR(S)
Box No. V LICENSEE(S) OF THE LICENSE CONCERNED		
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. The country of the address indicated in this Box is the country of residence.)		Telephone No.
		Facsimile No.
		E-mail address
		Registration No. or other indication registered with the Office
State of nationality:	State of residence	:
Further licensees are indicated on the following sheet: Contin	nuation of Box No. V	V
Box No. VI REPRESENTATIVE OF THE LICENSEE(S)		
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 rise enclosed form when the application was		The power of attorney (No) salready in the possession of the Office
Further representatives of the licensee are indicated on the fol	llowing sheet: Conti	inuation of Box No. VI
Box No. VII ADDRESS FOR CORRESPONDENCE OR LEGA	AL SERVICE OF T	THE LICENSEE(S)

Continuation of Box No. V FURTHER LICENSEE If none of the following sub-boxes is used, this sheet show	
Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office
State of nationality:	State of residence:
Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office
State of nationality:	State of residence:
Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office
State of nationality:	State of residence:
Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office
State of nationality:	State of residence:

	FURTHER REPRESENTATIVE(S) OF THe coxes is used, this sheet should not be included in	
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. VIII INFORMATION ON THE LICENSE CONCERNED
A. If the present request is a request for recordation of a license, fill in items (Aa) to (Ad) below:
(Aa) The license concerned is: \square exclusive \square non-exclusive
(Ab) Date of the license:
(Ac) Duration:
(Ad) Information relating to the registration of the license (where registration is compulsory under the applicable law):
B. If the present request is a request for cancellation of the recordation of a license, fill in items (Ba) to (Bc) below:
(Ba) Date of the recordation of the license:
(Bb) Recordation number (if available):
(Bc) Information relating to the registration of the license (where registration is compulsory under the applicable law):
Box No. IX DOCUMENTATION OF THE BASIS OF THE LICENSE THE TERMINATION OF THE LICENSE
(a) The license/termination of the license is a freely concluded agreement among the parties.
One of the following documents is enclosed:
a copy of the agreement
a copy, certified as being in conformity with the original, of the agreement
an extract of the agreement consisting of those portions that show the rights licensed/ceased to be licensed and their extent
an extract, certified as being a true extract, of the agreement consisting of those portions that show the rights licensed/ceased to be licensed and their extent
(b) The license/termination of the license is not a freely concluded agreement among the parties (for example, an operation of law or a court decision)
☐ A copy, or a copy certified as being in conformity with the original, of a document evidencing the license/termination of the license is enclosed (specify)
D. N. W. INTODNALTIYON DEV ATTING TO CONTENN THE INTENDEGE
Box No. X INFORMATION RELATING TO GOVERNMENT INTEREST

Box No. XI STATEMENT INDICATING THAT THE INFORMATION CONTAINED IN THE PRESENT REQUEST IS TRUE AND CORRECT	
D. N. VII ENGLOGUIDE(G)	
Box No. XII ENCLOSURE(S)	
☐ Power of attorney (Box No. III and/or VI)	
□ Documentation of the basis of the □ license □ termination of the license (Box No. IX) and its translation, if necessary □ Consent to □ recordation □ cancellation of the recordation of a licensing agreement by an applicant, owner, exclusive	
☐ Consent to ☐ recordation ☐ cancellation of the recordation of a licensing agreement by an applicant, owner, exclusive licensee, co-applicant, co-owner or co-exclusive licensee who is not party to that agreement and its translation, if necessary.	
☐ Separate copy(copies) of the request for each application and patent concerned, where the request relates to more than one application or patent	
Others (specify)	· ···
	•••
Box No. XIII 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 capacity is not obvious) and the date of signature or of seal	such