

# Model International Form Under the Patent Law Treaty (PLT)

For Office use only

.....\*

## POWER OF ATTORNEY

The undersigned hereby appoints as his/her representative the person identified in Box No. III for procedures before the Office.

\*Indicate name of national or regional patent Office to which the power of attorney is submitted.

Reference indication of person making the appointment (if desired):

### Box No. I PERSON(S) MAKING THE APPOINTMENT

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

Further persons making the appointment are indicated on the following sheet: Continuation of Box No. I

### Box No. II ADDRESS FOR CORRESPONDENCE OR LEGAL SERVICE OF THE PERSON(S) MAKING THE APPOINTMENT

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.)*

### Box No. III REPRESENTATIVE(S)

Name and address:

Telephone No.

Facsimile No.

E-mail address

Registration No. or other indication registered with the Office

Further representatives are indicated on the following sheet: Continuation of Box No. III

**Continuation of Box No. I FURTHER PERSON(S) MAKING THE APPOINTMENT**

*If none of the following sub-boxes is used, this sheet should not be included in the power of attorney.*

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
Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office

**Continuation of Box No. III FURTHER REPRESENTATIVE(S)**

*If none of the following sub-boxes is used, this sheet should not be included in the power of attorney.*

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
Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office

**Box No. IV APPLICATION(S) AND/OR PATENT(S) CONCERNED**

This power of attorney relates to:

all existing and future applications and/or patents of the person making the appointment, subject to any exception indicated on additional sheet No. ....

the following application(s) having the following application number(s)\* as well as any patents resulting therefrom:

.....  
.....  
.....

*\*Where the application number has not been issued or is not known to the applicant, that application may be identified by furnishing (i) the provisional application number (if any) given by the Office, (ii) a copy of the request 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 the applicant or his representative, along with the name and address of the applicant, the title of the invention and the date on which the application was sent to the Office*

the following patent(s) having the following number(s):

.....  
.....  
.....

Further application(s) and/or patent(s) are indicated on additional sheet No. ....

**Box No. V SCOPE OF THE POWER OF ATTORNEY**

Check this box if the representative has the right to act as representative for all purposes concerning procedures before the Office, including, where the person making the appointment is the applicant or owner, the following purposes:

withdrawal of the application(s)

surrender of the patent(s)

Check this box if the representative does not have the right to act as representative for all purposes, and indicate the purposes excluded from the powers of the representative (if the space is not sufficient, continue on additional sheet No. ....):

.....  
.....  
.....  
.....  
.....

**Box No. VI 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*