

PATENTS REGISTRATION DECREE (CAP 157)

FORM OF AUTHORIZATION OF AGENT

I/We the undersigned,

Name:.....

Address:.....

hereby appoint

Name:.....

Address:.....

Telephone Number.....Fax Number.....

to act as my/our representative in all proceedings relating to:

[] Application for grant of patent and any patent granted pursuant thereto*

[] Other (specify)

and ratify all acts done by the representative on my/our behalf in connection with that (those) matters, and

request that all notices, requisitions and communications relating thereto be sent to the said representative at his address.

Any previous appointment in respect of the same matter(s) is hereby revoked.

.....

Signatures**

.....

Date

* Indicate title of invention and application number, if known.

**Must be signed by the person(s) appointing the representative; print name(s) under signature(s).