

## AFRICAN REGIONAL INTELLECTUAL PROPERTY ORGANIZATION (ARIPO)

ARIPO Form No. 4		For Official Use
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		Received on:
APPOINTMENT OF REP		
(POWER OF ATTORNEY	/	
(Rule 10(2); Instruction 19	))	
To:* Director General		
ARIPO Office		
P.O. Box 4228		Annlinentia en Dennesentationale Eile Defenseere
Harare		Applicant's or Representative's File Reference:
Zimbabwe		
I/We, the undersigned;		
Name:		
Address:		
Address:		
hereby appoint (name):		
nereby appoint (name).		
address:		
address.		
Telephone #	Mobile # E	-mail Fax #
to act as my/our representa	ative in all proceedings relating to:	
Application for grant of patent and any patent granted pursuant thereto** (		
Application for registration of utility model*** (		
Application for registration of industrial design and any registration effected pursuant thereto****		
		/
Other (specify)		
and ratify all acts done by t	the representative on my/our babalf in connect	ion with that (those) matter(s), and request that all notices,
	cations relating thereto be sent to the said repre	
requisitions and commune	cations relating thereto be sent to the said repre	sentative at his address.
Any previous appointment	in respect of the same matter(s) is hereby revo	ked.
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XI. SIGNATURE(S)****	۲ ۳	
		Date

\* If filed together with the request Form, indicate name and address of receiving Office; if filed subsequently, indicate ARIPO Office and its address.

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

\*\*\* Indicate title of the utility model.

\*\*\*\* Indicate title (if any) of industrial design and application number, if known.

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