

POWER OF ATTORNEY

I (We)

(Name and address)

do hereby authorize

**to represent me(us) as applicant(s)
in all proceedings related to the processing**

of all my(our) patent applications

of international application No.

(check the applicable box)

**before the Attorney General's Chambers, Commercial Registrar General's Office and to make or receive
payments on my(our) behalf.**

Place:

Date:

Signature: