

## Доверенность на представительство интересов заявителя (заявителей) перед патентным органом (на английском языке)

Утверждена постановлением Госкомитета по науке и технологиям от 02.02.2011 N 4

Форма

### POWER OF ATTORNEY

I (We), the undersigned \_\_\_\_\_  
(family name, first name, patronymic, if any, of  
the or of each grantor  
\_\_\_\_\_  
family name, first name, patronymic, if any, title(s) of a legal  
\_\_\_\_\_  
entity's manager, full official designation of a legal entity)  
hereby appoint \_\_\_\_\_  
(family name, first name, patronymic, if any, of the or  
\_\_\_\_\_  
of each agent, family name, first name, patronymic, if any, title(s)  
\_\_\_\_\_  
of a legal entity's manager, full official designation of a legal entity )  
residing at \_\_\_\_\_  
\_\_\_\_\_  
to act on my (our) behalf before the State Institution "National Center of  
Intellectual Property" in all matters relating to filing and processing  
applications for invention patents, making amendments to application  
documents for invention patents, obtaining the grant of invention patents,  
maintaining invention patents, making amendments in the entries concerning  
the registration of the invention, and to this end, do authorize him (them)  
to take whatever action is legally required, make payments and sign documents  
as necessary, and also to:  
---  
| | withdraw applications for invention patents, renounce invention  
--- patents;  
---  
| | appeal against decisions of the examiner on applications for  
--- invention patents, make objections to the grant of invention patents.

---

| | By virtue of this authorization the agent(s) is (are) not empowered  
--- to perform the following acts:

| This power of attorney relates to

---

| | all existing or future invention applications and / or invention  
--- patents

---

| | the following invention applications and / or invention patents:

---

| Family name and initials, title of the person (if the power of attorney is  
| issued by a legal entity) signing the power of attorney \_\_\_\_\_

| Date: \_\_\_\_\_

| Venue: \_\_\_\_\_

| Term of validity: \_\_\_\_\_

| Signature and Seal (if the power of attorney is issued by a legal entity)

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_

| \_\_\_\_\_