

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

Утверждена постановлением Госкомитета от 30.04.2010 N 12

Форма

### POWER OF ATTORNEY

I (we), the undersigned \_\_\_\_\_  
(full legal name(s), patronymic, if any,  
of the principal(s), or full legal name(s),  
patronymic, if any, and title(s) of a legal entity's manager,  
full official designation of a legal entity)  
hereby appoint \_\_\_\_\_  
(full legal name(s), patronymic, if any,  
of the representative(s), or legal name(s), patronymic, if any,  
of legal entity's manager, title(s), full official designation  
of a legal entity)  
residing at \_\_\_\_\_  
(full address(es) of the representative(s))  
as my (our) representative(s) to act on my (our) behalf in all  
proceedings before the National Center of Intellectual Property  
pertaining to proxy solicitation of filing application(s) for  
registration of topography of integrated circuit(s), any amendments  
affecting registration(s) of topography of integrated circuit(s)  
effected, and, to this end, authorize the representative(s) to perform  
any act necessary to manage said proceedings, effect due payments, sign  
documents, and also  
---  
| | abandon application(s) for registration(s) of topography  
--- of integrated circuit(s)  
---  
| | appeal examination decisions taken on application for registration  
--- of topography of integrated circuit(s)

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By virtue of this authorization the representative(s) is (are) not
--- empowered to perform the following acts:
The Power granted under this document relates to
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all applications for registration(s) of topography of integrated
--- circuit effective or to be applied and / or registration(s)
of topography of integrated circuit(s) and / or topography rights owner
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the following applications for registration(s) of topography
--- of integrated circuit and / or registration(s) of topography
of integrated circuits effected:
Full name(s), title(s) of the undersigned, granting the POA,
Date: _____
Venue: _____
Term of validity: _____
Signature and Seal _____

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