



1 General authorisation

General authorisation No.
(For official use only)

Please forward the **original** direct to the EPO, Legal Division (Dir. 5.2.4) in Munich.
Please read the attached notes before completing the form.

2 I (We)

Full name and
address
of authorisor(s)

**3 do hereby
authorise**

Potter Clarkson LLP
(Association 414)

And legal practitioners
D J Holt O A Laing N D McDonald H S L Mitchell R A Roberts M A Snelgrove

The Belgrave Centre
Talbot Street
Nottingham
NG1 5GG
United Kingdom

Full name and
address of
association of
representatives.

4 to represent me (us) in all proceedings established by the European Patent Convention and to act for me (us) in all patent transactions.

This authorisation includes the power to receive payments on my (our) behalf.

This authorisation shall also apply to the same extent to any proceedings established by the Patent Cooperation Treaty.

5 Sub-authorisation may be given.

Additional representatives indicated on supplementary sheet.

6 Please return a copy, supplemented by the general authorisation number, to the authorisor.

Place

Name (printed)

Date

Position within the company
(where relevant)

Signature*

7 *The form must bear the personal signature(s) of the authorisor(s). In the case of legal persons, the signature must be that of the person empowered to sign on behalf of the company. If possible, please sign in blue.