

PCT

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the Request Form (PCT/RO/101)):

hereby appoints (appoint) the following person as: agent common representative

Name and address

(Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)

J Auger C J Baker H Bartlett R S Bassett C M Bowers V Brazdova C Brownlie C J Cadman D A Carling
R J Charig D J Clark C W Crowhurst S P Curtis I M Dee M P Didmon P J Finnie T D Harding C B Hartland F Hey
S L Holland B Hoffmann D J Holt P E Hothersall D Hudson M S A Khan C M L Kiørboe M Kramer O A Laing
B J Lincoln M J Linehan S A Linehan S P McNeeney C Marshall D Maxwell G D McCallum N D McDonald A Millmore
D A Mitchell S Moore A Mortiboy P Mumford M Nichols K O'Connell M R Pears S J Pilkington T J Powell
A J Proctor R I Pugh R A Roberts M G Simpson S E Smith M A Snelgrove S Snelgrove F Law
I E Stevens S J E Swindells J L C Teng P J D Thomas L Tottie J H Wainwright M Wells R E Wells A J Wright

of POTTER CLARKSON
The Belgrave Centre
Talbot Street
Nottingham NG1 5GG
England
Tel: +44 (0)115 955 2211
Fax: +44 (0)115 955 2201

to represent the undersigned before

- all the competent International Authorities
 the International Searching Authority only
 the Authority specified for supplementary search:

(please indicate the Authority(ies) specified for supplementary search)

- the International Preliminary Examining Authority only

In connection with the international application identified below:

_____ any competent Receiving Office _____ as receiving Office

and to make or receive payments on behalf of the undersigned.

Title of the invention:

Applicant's or agent's file reference:

International application number (if already available):

Signature(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):

Name:
Capacity:

Date: _____