



PAPUA NEW GUINEA

PATENTS AND INDUSTRIAL DESIGNS REGULATION 2002

REGULATION 39

## POWER OF ATTORNEY

We *(name of applicant)*,

**APPOINT**

**the partners, attorneys and/or legal practitioners of:**

*(Full name, physical address, postal address, telephone, fax, email of legal practitioners).*

**with Papua New Guinea address at:**

*(Full name, physical address, postal address, telephone, fax, email of legal practitioners)*

to act as our agent before the  Registrar of Patents Registrar or  Industrial Designs of Papua New Guinea to do all acts and execute all documents on my/our behalf in connection with;

*For Internal Office Use Only:*

Application Number:	
Date POA Received by Office:	

- (a)  Request for Grant of Patent for an invention or;  
 (b)  Request for Registration of a Design having the title as:

Having an application titled:

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In the name of "applicant":

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Authorized By:

<b>Name:</b>		<b>Position:</b>	
<b>Signature:</b>		<b>Official Stamp/Seal:</b>	
<b>Date:</b>		<b>Agent's file reference:</b>	

Supplementary Information for Additional Applicants:

Applicant's Name:	Applicant's Signature:	Postal Address:
Applicant's Name:	Applicant's Signature:	Postal Address:

*For Internal Office Use Only:*

Application Number:	
Date POA Received by Office:	