

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)

Box No. I TITLE OF INVENTION	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
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. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	Telephone No.
	Facsimile No.
	Applicant's registration No. with the Office
E-mail authorization: Marking one of the check-boxes below authorizes the receiving Office, the International Searching Authority, the International Bureau and the International Preliminary Examining Authority to use the e-mail address indicated in this Box to send, notifications issued in respect of this international application to that e-mail address if those offices are willing to do so. <input type="checkbox"/> as advance copies followed by paper notifications; or <input type="checkbox"/> exclusively in electronic form (no paper notifications will be sent). E-mail address:	
State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input type="checkbox"/> agent <input type="checkbox"/> 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.)	Telephone No.
	Facsimile No.
	Agent's registration No. with the Office
E-mail authorization: Marking one of the check-boxes below authorizes the receiving Office, the International Searching Authority, the International Bureau and the International Preliminary Examining Authority to use the e-mail address indicated in this Box to send, notifications issued in respect of this international application to that e-mail address if those offices are willing to do so. <input type="checkbox"/> as advance copies followed by paper notifications; or <input type="checkbox"/> exclusively in electronic form (no paper notifications will be sent). E-mail address:	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
Applicant's registration No. with the Office	

State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
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This person is applicant for the purposes of:	<input type="checkbox"/> all designated States	<input type="checkbox"/> all designated States except the United States of America	<input type="checkbox"/> the United States of America only	<input type="checkbox"/> the States indicated in the Supplemental Box
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Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
Applicant's registration No. with the Office	

State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
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This person is applicant for the purposes of:	<input type="checkbox"/> all designated States	<input type="checkbox"/> all designated States except the United States of America	<input type="checkbox"/> the United States of America only	<input type="checkbox"/> the States indicated in the Supplemental Box
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Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
Applicant's registration No. with the Office	

State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
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This person is applicant for the purposes of:	<input type="checkbox"/> all designated States	<input type="checkbox"/> all designated States except the United States of America	<input type="checkbox"/> the United States of America only	<input type="checkbox"/> the States indicated in the Supplemental Box
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Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
Applicant's registration No. with the Office	

State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
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This person is applicant for the purposes of:	<input type="checkbox"/> all designated States	<input type="checkbox"/> all designated States except the United States of America	<input type="checkbox"/> the United States of America only	<input type="checkbox"/> the States indicated in the Supplemental Box
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<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.

Supplemental Box

If the Supplemental Box is not used, this sheet should not be included in the request.

1. *If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, **the space is insufficient** to furnish all the information: in such case, write "Continuation of Box No...." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:

 - (i) **if more than one person is to be indicated as applicant and/or inventor** and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;
 - (ii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "**the States indicated in the Supplemental Box**" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;*
 - (iii) *if, in Box No. II or in any of the sub-boxes of Box No. III, **the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America**: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;*
 - (iv) *if, in addition to the agent(s) indicated in Box No. IV, there are **further agents**: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;*
 - (v) *if, in Box No. VI, there are **more than three earlier applications whose priority is claimed**: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.**
2. *If the applicant intends to make an indication of the wish that the international application be treated, in certain designated States, as an application for a patent of addition, certificate of addition, inventor's certificate of addition or utility certificate of addition: in such case, write the name or two-letter code of each designated State concerned and the indication "**patent of addition**," "**certificate of addition**," "**inventor's certificate of addition**" or "**utility certificate of addition**," the number of the parent application or parent patent or other parent grant and the date of grant of the parent patent or other parent grant or the date of filing of the parent application (Rules 4.11(a)(i) and 49bis.1(a) or (b)).*
3. *If the applicant intends to make an indication of the wish that the international application be treated, in the United States of America, as a continuation or continuation-in-part of an earlier application: in such case, write "United States of America" or "US" and the indication "**continuation**" or "**continuation-in-part**" and the number and the filing date of the parent application (Rules 4.11(a)(ii) and 49bis.1(d)).*
4. *If the applicant wishes to request the receiving Office or the International Bureau to obtain a priority document from a digital library but **that document is only held in a digital library in connection with another application** which also relied upon that priority document to support a priority claim (and unless that digital library is to be accessed through the Digital Access Service for Priority Documents), in such cases write "Continuation of Box No. VI", indicate for each earlier application concerned the same type of information as required in Box No. VI and indicate the number under which the application is stored (and, if known, the digital library concerned) (Section 716(a)(ii)).*

Box No. V DESIGNATIONS				
<p>The filing of this request constitutes under Rule 4.9(a) the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.</p> <p>However,</p> <p><input type="checkbox"/> DE Germany is not designated for any kind of national protection</p> <p><input type="checkbox"/> JP Japan is not designated for any kind of national protection</p> <p><input type="checkbox"/> KR Republic of Korea is not designated for any kind of national protection</p> <p><i>(The check-boxes above may only be used to exclude (irrevocably) the designations concerned if, at the time of filing or subsequently under Rule 26bis.1, the international application contains in Box No. VI a priority claim to an earlier national application filed in the particular State concerned, in order to avoid the ceasing of the effect, under the national law, of this earlier national application.)</i></p>				
Box No. VI PRIORITY CLAIM				
The priority of the following earlier application(s) is hereby claimed:				
Filing date of earlier application <i>(day/month/year)</i>	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application: regional Office	international application: receiving Office
item (1)				
item (2)				
item (3)				
<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.				
<input type="checkbox"/> The International Bureau is requested to obtain from a digital library, a certified copy of the earlier application(s) <i>(if the earlier application(s) is available to it from a digital library)</i> identified above as:*				
<input type="checkbox"/> all items <input type="checkbox"/> item (1) <input type="checkbox"/> item (2) <input type="checkbox"/> item (3) <input type="checkbox"/> other, see Supplemental Box				
<input type="checkbox"/> The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) <i>(if the earlier application(s) was filed with the Office which for the purposes of this international application is the receiving Office)</i> or to obtain a certified copy of the earlier application(s) from a digital library and transmit a copy of it to the International Bureau <i>(if the earlier application(s) is available to the receiving Office from a digital library)</i> , identified above as:*				
<input type="checkbox"/> all items <input type="checkbox"/> item (1) <input type="checkbox"/> item (2) <input type="checkbox"/> item (3) <input type="checkbox"/> other, see Supplemental Box				
<p>* Where the certified copy of the earlier application(s) is not stored in a digital library under the number of the earlier application indicated above but under the application number of another application which also claims priority from it, indicate that number in the supplemental sheet (item 4).</p>				
<p>Restore the right of priority: the receiving Office is requested to restore the right of priority for the earlier application(s) identified above or in the Supplemental Box as item(s) (_____). <i>(See also the Notes to Box No. VI; further information must be provided to support a request to restore the right of priority.)</i></p>				
<p>Incorporation by reference: where an element of the international application referred to in Article 11(1)(iii)(d) or (e) or a part of the description, claims or drawings referred to in Rule 20.5(a) is not otherwise contained in this international application but is completely contained in an earlier application whose priority is claimed on the date on which one or more elements referred to in Article 11(1)(iii) were first received by the receiving Office, that element or part is, subject to confirmation under Rule 20.6, incorporated by reference in this international application for the purposes of Rule 20.6.</p>				
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
<p>Choice of International Searching Authority (ISA) <i>(if more than one International Searching Authority is competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):</i></p> <p>ISA/</p>				

Box No. IX CHECK LIST for PAPER filings – this sheet is only to be used when filing an international application on **PAPER**

This international application contains the following:	Number of sheets	This international application is accompanied by the following item(s) (<i>mark the applicable check-boxes below and indicate in right column the number of each item</i>):	Number of items
(a) request form PCT/RO/101 (including any declarations and supplemental sheets)	:	1. <input type="checkbox"/> fee calculation sheet	:
(b) description (excluding any sequence listing part of the description, see (f), below)	:	2. <input type="checkbox"/> original separate power of attorney	:
(c) claims	:	3. <input type="checkbox"/> original general power of attorney	:
(d) abstract	:	4. <input type="checkbox"/> copy of general power of attorney; reference number:	:
(e) drawings (if any)	:	5. <input type="checkbox"/> statement explaining lack of signature	:
(f) sequence listing part of the description (if any)	:	6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s)	:
	:	7. <input type="checkbox"/> Translation of international application into (<i>language</i>):	:
	:	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	:
	:	9. <input type="checkbox"/> copy in electronic form (Annex C/ST.25 text file) on physical data carrier(s) of the sequence listing, not forming part of the international application, which is furnished only for the purposes of international search under Rule 13ter (<i>type and number of physical data carriers</i>)	:
Total number of sheets :	:	10. <input type="checkbox"/> a statement confirming that “the information recorded in electronic form submitted under Rule 13ter is identical to the sequence listing as contained in the international application” as filed on paper.	:
	:	11. <input type="checkbox"/> copy of results of earlier search(es) (Rule 12bis.1(a))	:
	:	12. <input type="checkbox"/> other (<i>specify</i>):	:
Figure of the drawings which should accompany the abstract:		Language of filing of the international application:	

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

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).

For receiving Office use only

1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only

Date of receipt of the record copy by the International Bureau: