

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ _____

PCT DEMAND

CHAPTER II

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only

| | |
|------------------------|---------------------------|
| Identification of IPEA | Date of receipt of DEMAND |
|------------------------|---------------------------|

| | |
|--|--|
| Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION | |
| Applicant's or agent's file reference | International application No. |
| International filing date <i>(day/month/year)</i> | (Earliest) Priority date <i>(day/month/year)</i> |
| Title of invention | |

| | |
|---|--|
| Box No. II APPLICANT(S) | |
| 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.)</i> | E-mail address* |
| | Telephone No. |
| | Facsimile No. |
| | Applicant's registration No. with the Office |

* **E-mail authorization:** Indicating an e-mail address above authorizes the International Bureau and the International Preliminary Examining Authority, if they provide such a service, to send notifications exclusively by e-mail to that address, unless the following box is marked:

notifications are requested to be sent exclusively by postal mail.

| | |
|---|---|
| State <i>(that is, country)</i> of nationality: | State <i>(that is, country)</i> of residence: |
|---|---|

| | |
|---|--|
| 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.)</i> | |
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|---|---|
| State <i>(that is, country)</i> of nationality: | State <i>(that is, country)</i> of residence: |
|---|---|

Further applicants are indicated on a continuation sheet.

Continuation of Box No. II APPLICANT(S)

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

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.)*

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

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.)*

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

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.)*

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

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.)*

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative
 and has been appointed earlier and represents the applicant(s) also for international preliminary examination.
 is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
 is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

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.)*

E-mail address*

Telephone No.

Facsimile No.

Agent's registration No. with the Office

* **E-mail authorization:** Indicating an e-mail address above authorizes the International Bureau and the International Preliminary Examining Authority, if they provide such a service, to send notifications exclusively by e-mail to that address, unless the following box is marked:

notifications are requested to be sent exclusively by postal mail.

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. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination **to start on the basis of:**

the description as originally filed, or
 as amended under Article 34

the sequence listing
(if any) as originally filed, or
 as amended under Article 34

the claims as originally filed, or
 as amended under Article 19, and/or
 as amended under Article 34

the drawings
(if any) as originally filed, or
 as amended under Article 34

2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. Where the IPEA wishes to start the international preliminary examination at the same time as the international search in accordance with Rule 69.1(b), the applicant requests the IPEA **to postpone** the start of the international preliminary examination until the expiration of the applicable time limit under Rule 69.1(d).

4. The applicant expressly requests **to postpone** the start of the international preliminary examination until the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination:

- which is the language in which the international application was filed.
 which is the language of a translation furnished for the purposes of international search.
 which is the language of publication of the international application.
 which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|---|---|--------------------------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. amended sequence listing under Article 34 | : | <input type="checkbox"/> |
| 4. letter accompanying the amendments under Article 34 (Rule 66.8) | : | sheets |
| 5. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 6. copy of the letter accompanying the amendments under Article 19 (Rules 46.5(b) and 53.9) | : | sheets |
| 7. copy (or, where applicable, translation) of any statement under Article 19 (Rule 62.1(ii)) | : | sheets |
| 8. other (<i>specify</i>) | : | sheets |

For International Preliminary Examining Authority use only

| received | not received |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> |

The demand is also accompanied by the item(s) marked below:

- | | |
|--|---|
| 1. <input type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> sequence listing for the purposes of international preliminary examination (Rule 13ter) |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> a statement to the effect that the sequence listing does not go beyond the disclosure in the international application as filed |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> other (<i>specify</i>): _____ |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: _____ | |

Box No. VII 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 demand).

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

The applicant has been informed accordingly.

4. The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.

5. Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rules 82 or 82quater.

6. The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.

7. The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.

8. Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rules 82 or 82quater.

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Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

| | | | | | | | | | | | |
|--|--|--|---|---|---------------------------------------|--|---|-------------------------------|--|--|------------------|
| International application No. | For International Preliminary Examining Authority use only Date stamp of the IPEA | | | | | | | | | | |
| Applicant's or agent's file reference | | | | | | | | | | | |
| Applicant | | | | | | | | | | | |
| <p>CALCULATION OF PRESCRIBED FEES</p> <p><i>(Applicants may be entitled to a reduction of the preliminary examination fee and the handling fee as indicated in the PCT Fee Tables (www.wipo.int/pct/en/fees.pdf))</i></p> <p>1. PRELIMINARY EXAMINATION FEE <input style="width: 150px;" type="text"/> P</p> <p>2. HANDLING FEE <input style="width: 150px;" type="text"/> H</p> <p>3. TOTAL OF PRESCRIBED FEES Add the amounts entered at P and H and enter total in the TOTAL box</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 100px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; padding: 5px;">TOTAL</td> </tr> </table> | | | TOTAL | | | | | | | | |
| | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | |
| <p>MODE OF PAYMENT</p> <p><i>(Not all modes of payment may be available at all IPEAs)</i></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> credit card <i>(details should not be included on this sheet)</i></td> <td><input type="checkbox"/> postal money order</td> </tr> <tr> <td><input type="checkbox"/> authorization to charge deposit or current account with the IPEA (see below)</td> <td><input type="checkbox"/> check</td> </tr> <tr> <td><input type="checkbox"/> bank transfer</td> <td><input type="checkbox"/> revenue stamps</td> </tr> <tr> <td><input type="checkbox"/> cash</td> <td><input type="checkbox"/> other <i>(specify):</i> _____</td> </tr> </table> | | <input type="checkbox"/> credit card <i>(details should not be included on this sheet)</i> | <input type="checkbox"/> postal money order | <input type="checkbox"/> authorization to charge deposit or current account with the IPEA (see below) | <input type="checkbox"/> check | <input type="checkbox"/> bank transfer | <input type="checkbox"/> revenue stamps | <input type="checkbox"/> cash | <input type="checkbox"/> other <i>(specify):</i> _____ | | |
| <input type="checkbox"/> credit card <i>(details should not be included on this sheet)</i> | <input type="checkbox"/> postal money order | | | | | | | | | | |
| <input type="checkbox"/> authorization to charge deposit or current account with the IPEA (see below) | <input type="checkbox"/> check | | | | | | | | | | |
| <input type="checkbox"/> bank transfer | <input type="checkbox"/> revenue stamps | | | | | | | | | | |
| <input type="checkbox"/> cash | <input type="checkbox"/> other <i>(specify):</i> _____ | | | | | | | | | | |
| <p>AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT OR CURRENT ACCOUNT</p> <p><i>(This mode of payment may not be available at all IPEAs)</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Authorization to charge the total fees indicated above. </td> <td style="width: 50%; vertical-align: top;">IPEA/ _____</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit or current accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. </td> <td style="vertical-align: top;">Deposit or Current Account No.: _____</td> </tr> <tr> <td></td> <td style="vertical-align: top;">Date: _____</td> </tr> <tr> <td></td> <td style="vertical-align: top;">Name: _____</td> </tr> <tr> <td></td> <td style="vertical-align: top;">Signature: _____</td> </tr> </table> | | <input type="checkbox"/> Authorization to charge the total fees indicated above. | IPEA/ _____ | <input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit or current accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. | Deposit or Current Account No.: _____ | | Date: _____ | | Name: _____ | | Signature: _____ |
| <input type="checkbox"/> Authorization to charge the total fees indicated above. | IPEA/ _____ | | | | | | | | | | |
| <input type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit or current accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. | Deposit or Current Account No.: _____ | | | | | | | | | | |
| | Date: _____ | | | | | | | | | | |
| | Name: _____ | | | | | | | | | | |
| | Signature: _____ | | | | | | | | | | |