

PATENT COOPERATION TREATY

PCT

NOTICE OF CONFIRMATION OF PRECAUTIONARY DESIGNATIONS

(to be filed with the receiving Office)

(PCT Rules 4.9(c) and 15.5)

Applicant's or agent's file reference	International filing date <i>(day/month/year)</i>
International application No.	(Earliest) Priority date <i>(day/month/year)</i>
Applicant	

1. The applicant hereby **confirms** the following designations made under Rule 4.9(b):

Name of State <i>(specify if a regional patent and/or another kind of protection or treatment is/are desired)</i>	Name of Applicant(s) for that State
--	--

2. **Prescribed fees** *(Applicants from certain States are entitled to a reduction of 75% of the designation fee and the confirmation fee. Where the applicant is (or all applicants are) so entitled, the total to be entered in the TOTAL box is 25% of the sum of the amounts entered at D and C. See Notes to the Fee Calculation Sheet as annexed to the Request Form, PCT/RO/101, for details.)*

	x		=		D
Number of designations confirmed		Amount of designation fee		Total designation fee	
Confirmation fee = 50% of the above total			+		C
Total fees payable =				TOTAL	

for receiving Office use only

Mode of payment *(payment must accompany this notice):*

<input type="checkbox"/> authorization to charge deposit account (see below)	<input type="checkbox"/> bank draft	<input type="checkbox"/> coupons
<input type="checkbox"/> cheque	<input type="checkbox"/> cash	<input type="checkbox"/> other <i>(specify):</i>
<input type="checkbox"/> postal money order	<input type="checkbox"/> revenue stamps	

3. **Signature of applicant or agent**

Deposit account authorization

The RO/ _____ is hereby authorized to charge the total fees indicated above to my deposit account.

_____ is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.

Deposit Account Number	Date <i>(day/month/year)</i>	Signature