

FORM NO. 5

Ireland (IE)

AUTHORISATION OF PATENT AGENT

Patents Act, 1992

I/We, the undersigned, hereby appoint the following to act as my/our agent

Name of Agent

OFFICE FREYLINGER S.A.

Address

234, route d'Arlon P.O. Box 48 L-8001 Strassen Luxembourg

in connection with the following European Patent designating Ireland

European Patent No.

Our address for service in Ireland is care of OFFICE FREYLINGER S.A. at their address as indicated above.

Proprietor

Signature:

Name(s):

Capacity: (if authorisation being given by a body corporate)

Signed at:

Date: