**Patents Form P3**

**Declaration and Power of Attorney**

REPUBLIC OF SOUTH AFRICA PATENTS ACT, 1978

DECLARATION AND POWER OF ATTORNEY
(Section 30 – Regulations 8, 22(1)(c) and 33)

|  |  |  |
| --- | --- | --- |
| Patent/Application No. |  | Lodging date Agents Ref |
| 21 | 01 |  |  | 22 |   |
|  |
| Full name(s) of applicant(s) |  |
| 71 | **Insert Applicant(s) Name and Physical Address** |
|  |
| Full name(s) of inventor(s) |  |
| 72 | **Insert Inventor(s) Name and Physical Address** |
|  |
| EARLIEST PRIORITY CLAIMED |  | COUNTRY |  | NUMBER |  | DATE |
|  | 33 | **Insert** | 31 | **Insert** | 32 | **Insert** |
|  |
| Title of invention |  |
| 54 | **Insert Title of Invention** |

I /We **Insert Applicant(s) Name**

hereby declare that –

1. I/We am/are the applicant(s) mentioned above;
2. I/We have been authorised by the applicant(s) to make this declaration and have knowledge of the facts herein stated in the capacity of (Insert Capacity) of the applicant(s);
3. the inventor(s) of the above-mentioned invention is/are the person(s) named above and the applicant(s) has/have acquired the right to apply by virtue of the attached Deed of Assignment;
4. to the best of my/our knowledge and belief, if a patent is granted on the application, there will be no lawful ground for the revocation of the patent;
5. this is a convention / PCT application and the earliest application from which priority is claimed as set out above is the first application in a convention country in respect of the invention claimed in any of the claims; and
6. The partners, qualified staff and consultants of the firms of Myers IP Consulting and Kantor, Myers and Paslovsky Attorneys patent attorneys/patent agents have been authorised, jointly and severally, with powers of substitution and revocation, to represent the applicant(s) in this application and to be the address for service of the applicant(s) while the application is pending and after a patent has been granted on the application.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_ 2009

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

**Name:**

**Capacity: Insert Applicant(s) Capacity**

***Strike out the following clauses where applicable:***

Clause 2 – If inventor(s) is/are the applicants - Strike out highlighted portion

Clause 3 - If all the applicants is/are the same as the inventor(s) - Strike out highlighted portion

Clause 5 – If not a convention / PCT application - Strike out