

FORM NO. 2

AUTHORISATION OF AGENT

Patents and Designs Act

(Cap. 344)

I/WE

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.....
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Of

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.....

Have appointed Messrs. **1st Attorneys** of Ground Floor, (Front Wing), NIM House, 22 Idowu Taylor Street, Victoria Island, Lagos, Nigeria o act as my/our Agent(s) in the application for the grant of a patent for an invention entitled:-

and request that all notices, requisitions and communications relating thereto may be sent to such Agent at the above address.

I/We revoke all previous authorisations, if any, in respect of the same matter or proceeding.

I/We hereby declare that I am/We are a Limited liability company.

Dated this day of2011

Signed.....

To: The Registrar of Patents and Designs
Patent Department
Federal Ministry of Commerce
Abuja