

PATENT COOPERATION TREATY

PCT

CREDIT CARD PAYMENT
TO THE INTERNATIONAL BUREAU
OF SUPPLEMENTARY SEARCH FEES

To:
The International Bureau of WIPO
PCT Operations Division
34, chemin des Colombettes
1211 Geneva 20
Switzerland
Facsimile No. +41 22 338 82 50

Applicant's or agent's file reference

International application No.
(if known)

International filing date (day/month/year)
(if known)

Applicant or agent's name and address

Telephone No.

Facsimile No.

The applicant or agent hereby requests the International Bureau to debit the following amount from the credit card identified below.
Amount (CHF): _____ (Swiss franc only)

Credit Card Information
Credit card: Visa [] MasterCard/ Eurocard [] American Express []
Credit card number: _____
Credit card expiration date: _____ (month/year)
Name as it appears on credit card: _____
Credit card billing address: _____
Cardholder's signature: _____ Date: _____

Warning
The International Bureau will not include this form among the documents available for public inspection.
The International Bureau will not accept payment by credit card if the cardholder submits credit card information on any form or document other than this form, and will not be liable for the consequences of any such submission.
Failure to use this form may result in the release of your credit card information.