

PCT

FEE CALCULATION SHEET Annex to the Request

For receiving Office use only

International Application No. _____

Date stamp of the receiving Office _____

Applicant's or agent's
reference

Applicant

CALCULATION OF PRESCRIBED FEES

TRANSMITTAL FEE **T**

SEARCH FEE **S**

International search to be carried out by _____
(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search)

INTERNATIONAL FEE

Basic Fee

Where item (b) of Box No. IX applies, enter Sub-total number of sheets) _____
Where item (b) of Box No. IX does not apply, enter Total number of sheets

b1 first 30 sheets **b1**

b2 _____ x _____ **b2**
number of sheets in excess of 30 fee per sheet

b3 additional component (only if sequence listing part of description is filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii):
400 x _____ **b3**
fee per sheet

Add amounts entered at b1, b2 and b3 and enter total at B - - - - **B**

Designation Fees

The international application contains _____ designations.
_____ x _____ **D**
number of designation fees payable (maximum 6) amount of designation fee

Add amounts entered at B and D and enter total at I **I**

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the amounts entered at B and D)

FEE FOR PRIORITY DOCUMENT (if applicable) **P**

TOTAL FEES PAYABLE **TOTAL**

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

The designation fees are not paid at this time.

MODE OF PAYMENT

- authorization to charge deposit account (see below) postal money order cash coupons
 cheque bank draft revenue stamps other (specify): _____

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

This mode of payment may not be available at all receiving Offices)

- Authorization to charge the total fees indicated above.
 (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.
 Authorization to charge the fee for priority document.

Receiving Office: RO/ _____
Deposit Account No.: _____
Date: _____
Name: _____
Signature: _____