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委托日期 年 月 日

Date of Authorization

以下由被委托专利代理机构填写（To be filled out by the Agent）：

本机构指定专利代理人 、 代为办理名称为

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Seal of the Authorized Agent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_