

**PATENT COOPERATION TREATY**

From the RECEIVING OFFICE

**PCT**

NOTIFICATION CONCERNING PAYMENT  
OF PRESCRIBED FEES

(PCT Rules 12bis.1(c), 14, 15 and 16 and Administrative  
Instructions, Sections 102bis(c), 304,  
323(b), 707(b) and 803)

To:

Date of mailing  
(day/month/year)

Applicant's or agent's file reference

**PAYMENT DUE**  
see item 3 for time limits

International application No.

International filing date/Date of receipt  
(day/month/year)

Priority date (day/month/year)

Applicant

1. The applicant is hereby notified that this receiving Office has received:

**the payment** of all the prescribed fees, and  **an overpayment**, which will be refunded in due course.

**no or insufficient payment** of the prescribed fees and the applicant is hereby **invited to pay the balance due**, as summarized under item 2, within the time limit(s) indicated under item 3.

2. **Fees and payment calculation:**

\_\_\_\_\_ - \_\_\_\_\_ = \_\_\_\_\_  
Total fees payable                      Amount paid                      Balance

The details of the calculation are given in the Annex.

3. **Time limit(s) for payment and amount(s) payable (Rules 14.1, 15.4 and 16.1(f)):**

within ONE MONTH from the date of receipt of the international application (**for the transmittal fee** (if any), **the search fee** and **the international filing fee**). The amount payable for each fee is the amount applicable on the date of receipt of the international application.

within 16 MONTHS from the priority date (only for the fee for priority document). The applicant's attention is drawn to the fact that the request made by the applicant under Rule 17.1(b) will be considered not to have been made unless the fee is paid within that time limit.

4. Additional observations (if necessary):

The search copy will not be transmitted to the International Searching Authority until the search fee is paid (therefore the start of the international search will be delayed) (Rule 23.1(a) and (b)).

Name and mailing address of the receiving Office

Facsimile No.

Authorized officer

Telephone No.

**ANNEX TO FORM PCT/RO/102  
CALCULATION OF THE PRESCRIBED FEES**

International application No. _____
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**T Transmittal Fee**

Prescribed amount: . . . . . \_\_\_\_\_ **T**

Amount paid: . . . . . - \_\_\_\_\_  correct amount

Balance: . . . . . = \_\_\_\_\_  overpayment  
 balance due

**S Search Fee**

Prescribed amount: . . . . . \_\_\_\_\_ **S**

Amount paid: . . . . . - \_\_\_\_\_  correct amount

Balance: . . . . . = \_\_\_\_\_  overpayment  
 balance due

**I International Filing Fee**

Fixed amount for first 30 sheets: . . . . . \_\_\_\_\_ **i1**

\_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ **i2**

Number of sheets      Fee per sheet  
in excess of 30

Additional component: . . . .400 x \_\_\_\_\_ = \_\_\_\_\_ **i3**

Fee per sheet

Reduction where the international application is filed  
(See *PCT Applicant's Guide, International Phase for details on the availability of this reduction*):

using the PCT-EASY software: . . . . . - \_\_\_\_\_ **r**

or

in electronic form where the text of the description, claims and abstract **is not** in character coded format: . . . . . - \_\_\_\_\_ **r**

or

in electronic form where the text of the description, claims and abstract **is** in character coded format: . . . . . - \_\_\_\_\_ **r**

Sub-total: . . . . . = \_\_\_\_\_ **i1+i2+i3-r**

*Applicants from certain States are entitled to a reduction of 90% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 10% of the sub-total entered at (i1+i2+i3-r); (see Notes to the Fee Calculation Sheet as annexed to the Request Form, PCT/RO/101, for details):* . . . . . = \_\_\_\_\_ **I**

Amount paid: . . . . . - \_\_\_\_\_  correct amount

Balance: . . . . . = \_\_\_\_\_  overpayment  
 balance due

**P Fee for Priority Document**

Prescribed amount: . . . . . \_\_\_\_\_ **P**

Amount paid: . . . . . - \_\_\_\_\_  correct amount

Balance: . . . . . = \_\_\_\_\_  overpayment  
 balance due

**ES Fee for Earlier Search Documents**

Prescribed amount: . . . . . \_\_\_\_\_ **ES**

Amount paid: . . . . . - \_\_\_\_\_  correct amount

Balance: . . . . . = \_\_\_\_\_  overpayment  
 balance due