PATENT COOPERATION TREATY

PCT

REQUEST FOR INDICATION OF AVAILABILITY FOR LICENSING PURPOSES

Applicant’s or agent’s file reference
MAPI/043 PCT

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Applicant
MAPI PHARMA LTD. (MAROM E. et al.)

1. The applicant hereby requests the International Bureau to indicate the availability for licensing purposes of the invention(s) claimed in this international application on the PATENTSCOPE website.

2. Licensing terms (optional): The applicant is willing to license the claimed invention(s):

☒ in:

☒ all PCT Contracting States
☐ all PCT Contracting States except (indicate each State by its two-letter code):

☐ the following State(s) only (indicate each State by its two-letter code):

☒ for exclusive use by the licensee
☒ for non-exclusive use by the licensee

3. Additional licensing terms (optional) (if the space below is insufficient, please use the Annex to this form):

4. Licensing contact:
Any person interested in a licensing agreement for the invention(s) claimed in this international application should contact the following person:

Safi Landskroner    Safi@mapi-pharma.com

5. Signature of applicant(s), agent or common representative:

Name: Cynthia Webb    Capacity: Agent for the Applicant    Date: 05/Jan/2013

Form PCT/IB/382 (January 2012)