# REQUEST FOR THE GRANT OF A

**PHILIPPINE PATENT**

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|  | *(The following is to be filled in by the Intellectual*  *Property Office)*  **APPLICATION No.:** |
| **THE UNDERSIGNED HEREBY REQUESTS GRANT OF A**  **PHILIPPINE PATENT FOR THE SUBJECT APPLICATION** | **FILING DATE:** |
|  | **DATE OF RECEIPT:** |

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| **Box No. I TITLE OF THE INVENTION** |
| **Box No. II APPLICANT (WHETHER OR NOT ALSO INVENTOR)** Use this box for indicating the applicant or, if there are several applicants, one of them. If more than one person (includes, where applicable, a legal entity) is involved, continue in supplemental box.  The person in this box is (check one only):  applicant and inventor  applicant only  Name and address:  Telephone number Fax Address E-Mail Address:  (including area code)  Country of Nationality: Country of Residence**:** |
| **Box No. III INVENTORS.** A separate sub-box has to be filled in respect of each person. If the following two sub-boxes are insufficient, continue in the “Supplemental Box” (giving there for each additional person the same indications as those requested in the following two sub-boxes) or by using a “continuation sheet”  The person in this box is (check one only): applicant and inventor  inventor only  Name and address:  If the person identified in this sub-box is applicant (or applicant and inventor), indicate also:  Country of Nationality: Country of residence: |
| The person identified in this sub-box is (check one only)  applicant and inventor  inventor only  Name and address:  If the person identified in this sub-box is applicant (or applicant and inventor), indicate also:  County of Nationality:  Country of Residence: |

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| **Box No. IV. AGENT (IF ANY) OR COMMON REPRESENTATIVE (IF ANY):** ADDRESS FOR NOTIFICATIONS (IN CERTAIN CASES). A common representative may be appointed only if there are several applicants and if no agent is or has been appointed. The common representative must be one of the applicants.  The following person (includes where applicable, a legal entity) is hereby/ has been appointed as agent or common representative to act on behalf of the applicant(s) before the Intellectual Property Office. Name and address including postal code:  **FEDERIS & ASSOCIATES**  Suites 2004 and 2005, 88 Corporate Center  141 Valero corner Sedeño Street  Salcedo Village, Makati City 1226  Philippines  Telephone number:(632)889-6197 Fax number:(632) 889-6132 E-mail: mail@federislaw.com.ph  ( |
| **Box No. V. PRIORITY CLAIM (IF ANY).** The priority of the following earlier applications(s) is hereby claimed: |

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| Country in which it was filed: | Filing Date  (Month, Day, Year) | Application No. |
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| Box No. VI. SIGNATURE OF APPLICANT(S) OR AGENT OVER PRINTED NAME(S)FEDERIS & ASSOCIATES LAW OFFICES If the present Request form is signed on behalf of any applicant by an agent, a separate notarized power of attorney appointing the agent and signed by the applicant is required. If in such case it is desired to make use of a general power of attorney (deposited with the Intellectual Property Office), a copy thereof must be attached to this form. |

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| **Box No. VII CHECK LIST** (To be filled in by the Applicant)  This application contains the following number of sheets:  1. Request sheets  2. Description sheets  3. Claims sheets  4. Abstract sheet  5. Drawing sheets    TOTAL sheets  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Figure number \_\_\_\_\_\_\_\_\_of the drawings (if any)  is suggested to accompany the abstract for publication. | This application as filed is accompanied by the items checked below :  1.  separate notarized power of attorney  2.  copy of general power of attorney  3.  priority document(s) (see Box No. V)  4.  cheques for the payment of fees  5.  other document (specify) |

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| Supplemental Box. Use this box in the following cases:  (i) If more than three persons are involved as applicants and/or makers: in such case write “Continuation of Box No. III” and indicate for each additional person the same type of information as required in Box No. III;  (ii) If there are more than three earlier applications whose priority is claimed, in such case, indicate “continuation of Box No. V” and indicate for each additional earlier application the same type of information as required in Box No. V.  (iii) If, in any of the boxes, the space is insufficient to furnish the information; in such case, write “Continuation of Box No. \_\_\_\_\_\_” (indicate the number of the box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient.  **“CONTINUATION OF BOX NO. III”**  The person identified in this sub-box is (check one only)  applicant and inventor  inventor only  Name and address:    If the person identified in this sub-box is applicant (or applicant and inventor), indicate also:  County of Nationality: Country of Residence:  The person identified in this sub-box is (check one only)  applicant and inventor  inventor only  Name and address:    If the person identified in this sub-box is applicant (or applicant and inventor), indicate also:  County of Nationality: Country of Residence: |
| If this Supplemental Box is not used, this sheet need not be included in the Request. |

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