Application for registration in the Register of Patent Agents

Application is hereby made for registration in the Register of Patent Agents under Section 107 of the Patents Act 1992 and the Register of Patent Agent Rules, 2015

### NOTE:

* Sections 1 and 3 are to be completed in the case of an INDIVIDUAL **or** a MEMBER OF A PARTNERSHIP or COMPANY wishing to be registered in the Register of Patent Agents
* Sections 2 and 3 are to be completed in the case of a PARTNERSHIP or COMPANY wishing to be registered in the Register of Patent Agents.
* Per Rule 9(2) of the Register of Patent Agent Rules, the Register of Patent Agents shall include the date of registration and, in case the entry is of a partnership, body corporate or unincorporated body, the business name and address thereof and the full name and home address of each director, manager, partner or employee registered as a patent agent in the State and in the case of an individual, the full name, the business name (if any), nationality and home and business address of the applicant and such other particulars as the Controller may require.

### SECTION 1 Application by an Individual or Member of a Partnership or Company

|  |  |
| --- | --- |
| Name: |  |
| Private Address: |  |
|  |
|  |
|  |
| Nationality: |  |
| Date of Birth: |  |
| Telephone No: |  |
| Email Address: |  |
| Name in which it is proposed to carry on business as a Patent Agent |  |
| Address at which it is proposed to carry on business as a Patent Agent |  |

**If the applicant is a person who is a member of a partnership or company, state the full name and the address of the partnership or company**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |
|  |

##### Educational and Professional Qualifications

|  |  |
| --- | --- |
| Please insert particulars of your educational and professional qualifications  (*Please have regard to Rule 8 of the Register of Patent Agent Rules which sets out the educational and professional qualifications required, when completing this section)* |  |
| *This application must be accompanied by copies of the relevant certificates, diplomas, etc. evidencing the achievement of the qualifications indicated.* | |
| ***Additional pages may be enclosed if required*** | |

## Employment Details

|  |  |
| --- | --- |
| Insert the name of any registered patent agent in the State or other Member State of the EEA by whom you have been employed and the duration of such employment |  |
| ***Additional pages may be enclosed if required*** | |

### SECTION 2 Application by a Partnership or Company

**Insert the full business name or style and address under which the partnership or company proposes to carry on business as a patent agent**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |
|  |
|  |
| Email: |  |

**Please provide details of each director, manager, partner and employee of the Partnership or Company who is registered as a Patent Agent in the State**

|  |  |
| --- | --- |
| Name: |  |
| Private Address: |  |
|  |
|  |
| Nationality: |  |
| Date of Birth: |  |
| Date of entry in the Register |  |

|  |  |
| --- | --- |
| Name: |  |
| Private Address: |  |
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| Nationality: |  |
| Date of Birth: |  |
| Date of entry in the Register |  |

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| Name: |  |
| Private Address: |  |
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| Nationality: |  |
| Date of Birth: |  |
| Date of entry in the Register |  |

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| Name: |  |
| Private Address: |  |
|  |
|  |
| Nationality: |  |
| Date of Birth: |  |
| Date of entry in the Register |  |

**(a)This application must be accompanied by a copy of a certificate of incorporation, an entry in a relevant register or other proof of legal personality.**

**(b)This application must be accompanied by the full particulars of the education and professional qualifications of each director, manager, partner and employee who is registered as a patent agent in the State.**

**SECTION 3 Fee payable under Item SCH2-1 of the Patents and Trade Marks (Fees) Rules 2012 (as amended)**

|  |  |
| --- | --- |
| On application for entry in the Register of Patent Agents (Rule 4). | €50.00 |

**Method of Payment Tick only one box**

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to make payment)

Electronic Funds Transfer

**If you want to pay by Electronic Funds Transfer, our bank account details are as follows:**

|  |  |
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| A/C Number: | 80012459 |
|  |  |
| Sort Code: | 951990 |
|  |  |
| IBAN: | IE94DABA95199080012459 |
|  |  |
| BIC: | DABAIE2D |

## Signature

|  |  |
| --- | --- |
| \*Signature of Applicant: |  |
| Name in Block Capitals: |  |
| Capacity: |  |
| Date: |  |

\**If signed for or on behalf of a partnership or body corporate state name in block capitals of person signing. The capacity of the signatory must also be stated*.