

REQUEST FOR THE GRANT OF A PATENT

The applicant(s) named herein hereby request(s) the grant of:

a Full Term patent (20 year) <input type="checkbox"/>	<input type="checkbox"/> OR	a Short Term patent (10 year) <input type="checkbox"/>
---	------------------------------------	--

on the basis of the information furnished hereunder.

1. Applicant(s) (Full name and address of the person or of the company applying.)*

Name(s):	
Address(es):	
Nationality(ies):	
Telephone(s):	
Email(s):	

*[Extra sheet available for multiple applicants]

2. Legal Representative

The following is authorised to act as agent in all proceedings connected with the obtaining of a patent to which this request relates and in relation to any patent granted:

Name:	
Address:	
Telephone:	
Email:	

3. Address for Service (within the EEA, to which correspondence is to be sent)

If different to address at 1 or 2	
Address:	
Telephone:	
Email:	

Please tick box if you wish the Office to correspond with you by email in relation to this application	<input type="checkbox"/>
--	--------------------------

4. Title of Invention

--

5. Declaration of Priority (If you have filed any application(s) for the same invention within the last 12 months, please enter the relevant information where a right to priority is claimed)

Country:	Date:	Number:

6. Inventor(s)*

The applicant(s) is/are the sole/joint inventor(s)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, please specify the full name(s) and address(es) of the inventor(s) below:		
Name(s):		
Address(es):		
Telephone(s):		
Email(s):		

*[Extra sheet available for multiple inventors]

7. Statement of right to be granted a Patent (To be completed if applicant(s) is/are not the sole/joint inventor(s))

Please state how the applicant derived the right from the inventor to be granted a patent

By Deed of Assignment <input type="checkbox"/>	By Contract of Employment <input type="checkbox"/>
Other (please specify) <input type="checkbox"/>	

8. Divisional Application(s)

The following information is applicable to the present application.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Earlier Application No:	Filing Date of Earlier Application:	

9. Items accompanying this Request

Please tick the appropriate boxes for items sent with this application form.

(a) Filing fee (€)	<input type="checkbox"/>
(b) A written description	<input type="checkbox"/>
(c) A written claims section	<input type="checkbox"/>
(d) Drawings referred to in the descriptions or claims	<input type="checkbox"/>
(e) An abstract	<input type="checkbox"/>
(f) Copy of previous application(s) in respect of which priority is claimed	<input type="checkbox"/>
(g) Translation of previous application in respect of which priority is claimed	<input type="checkbox"/>
(h) Authorisation of agent [Form No. 5]	<input type="checkbox"/>
(i) General authorisation of agent filed on a previous application.	<input type="checkbox"/>
Earlier Application No:	Filing Date of Earlier Application:
(j) Supplementary sheet identifying other applicants	<input type="checkbox"/>
(k) Supplementary sheet identifying other inventors	<input type="checkbox"/>

10. Signature:

If a company, state the position within the company of the person signing	
Name in BLOCK CAPITALS	
Date:	

Extra Sheet : TO BE ATTACHED TO MAIN BODY OF APPLICATION FORM IF REQUIRED

1. Applicant(s) (Full name and address of the person or of the company applying.)

Name(s):	
Address(es):	
Nationality(ies):	
Telephone(s):	
Email(s):	

Name(s):	
Address(es):	
Nationality(ies):	
Telephone(s):	
Email(s):	

Name(s):	
Address(es):	
Nationality(ies):	
Telephone(s):	
Email(s):	

Name(s):	
Address(es):	
Nationality(ies):	
Telephone(s):	
Email(s):	

Name(s):	
Address(es):	
Nationality(ies):	
Telephone(s):	
Email(s):	

Extra Sheet : TO BE ATTACHED TO MAIN BODY OF APPLICATION FORM IF REQUIRED

6. Inventor(s)

The applicant(s) is/are the sole/joint inventor(s)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If no, please specify the full name(s) and address(es) of the inventor(s) below:				
Name(s):				
Address(es):				
Telephone(s):				
Email(s):				

Name(s):				
Address(es):				
Telephone(s):				
Email(s):				

Name(s):				
Address(es):				
Telephone(s):				
Email(s):				

Name(s):				
Address(es):				
Telephone(s):				
Email(s):				

Name(s):				
Address(es):				
Telephone(s):				
Email(s):				