

REQUEST FOR THE GRANT OF A PATENT

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

a Full Term patent (20 year) **OR**a Short Term patent (10 year)

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):	JOHN SMITH	PAUL BROWN
Address(es):	12 LAKEVIEW TERRACE, BROWNSBARN, CO. KILKENNY, IRELAND.	58 SMITHFIELD AVENUE, CLONSHAUGH, DUBLIN 17, IRELAND.
Nationality(ies):	IRISH	BRITISH
Telephone(s):	056 7720000	01 2000000
Email(s):	JOHN.SMITH@EMAIL.COM	PAUL.BROWN@EMAIL.COM

*[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:	PATENT ATTORNEY INC
Address:	47 VIRGINIA AVENUE, DRAKELANDS CORPORATE PARK, LETTERKENNY, CO. DONEGAL, IRELAND.
Telephone:	074 77889955
Email:	DESK@PATENTATT.IE

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

If different to address at 1 or 2

Address:	1200 RUE DE MARCHE, PARIS, FRANCE.
Telephone:	00 33 1 2338000
Email:	JOHN.SMITH@EMAIL.COM

Please tick box if you wish the Office to correspond with you by email in relation to this application

4. Title of Invention

PROCESS FOR FOLDING WRAPPING PAPER FOR CHOCOLATES

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:
GB	25/11/2008	0789889.1
EP	27/12/2008	99203793

6. Inventor(s) *

The applicant(s) is/are the sole/joint inventor(s)	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If no, please specify the full name(s) and address(es) of the inventor(s) below:		
Name(s):	MARY JONES	
Address(es):	CANDY WRAP UNLIMITED, INC. 300 DUNMORE INDUSTRIAL ESTATE, SLIGO, IRELAND.	
Telephone(s):	071 9152000	
Email(s):	MARY.JONES@CANDYWRAP.COM	

*[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 checked="" 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 checked="" 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 (€ 60)	<input checked="" type="checkbox"/>
(b) A written description	<input checked="" type="checkbox"/>
(c) A written claims section	<input checked="" type="checkbox"/>
(d) Drawings referred to in the descriptions or claims	<input checked="" type="checkbox"/>
(e) An abstract	<input checked="" type="checkbox"/>
(f) Copy of previous application(s) in respect of which priority is claimed	<input checked="" 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 checked="" type="checkbox"/>
Earlier Application No: S2007/1055	Filing Date of Earlier Application: 15/04/2007
(j) Supplementary sheet identifying other applicants	<input type="checkbox"/>
(k) Supplementary sheet identifying other inventors	<input type="checkbox"/>

10. Signature:	<i>John Smith</i>
If a company, state the position within the company of the person signing	
Name in BLOCK CAPITALS	JOHN SMITH
Date:	13/06/2009

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

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

Name(s):	
Address(es):	
Nationality(ies):	
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Extra Sheet : TO BE ATTACHED TO MAIN BODY OF APPLICATION FORM

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):				

The applicant(s) is/are the sole/joint inventor(s)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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