





**II. Owner information**

**Owner is the applicant** (Please cross out if owner is the same as applicant)

(Please cross out the type of owner and fill in the required information accordingly if it is different from applicant. If owners are more than one, please add new page)

**Natural person**

**Organization**

ID document (ID card or passport): [Grid]
ID document number: [Grid]
Country: [Grid]
First name: [Grid]
Middle name: [Grid]
Last name: [Grid]

Company code/Enterprise code: [Grid]
OR Registration number: [Grid]
Registered Name: [Grid]

**Address** (Residence address if Person OR Head office address if Organization/Foreigners fill in only Phone-Email-Country-Province/City)

Phone: [Grid]	Sector: [Grid]
Email: [Grid]	Cell: [Grid]
Country: [Grid]	Street name and house number: [Grid]
Province: [Grid]	P. O. Box: [Grid]
District: [Grid]	

**Representative of owner**

ID document (ID card or passport): [Grid]	First Name: [Grid]
ID document number: [Grid]	Middle Name: [Grid]
Country: [Grid]	Last Name: [Grid]

**Address** (Foreigners fill in only Phone-Email-Country-Province/City)

Phone: [Grid]	Sector: [Grid]
Email: [Grid]	Cell: [Grid]
Country: [Grid]	Street name and house number: [Grid]
Province: [Grid]	P. O. Box: [Grid]
District: [Grid]	

**Innovator is the applicant** (Please cross out if innovator is the same as applicant)

(Please cross out the type of innovator and fill in the required information accordingly if it is different from applicant. If innovators are more than one, please add new page)

**Natural person**

ID document (ID card or passport):
<input type="text"/>
ID document number:
<input type="text"/>
Country:
<input type="text"/>
First name:
<input type="text"/>
Middle name:
<input type="text"/>
Last name:
<input type="text"/>

**Address** (Residence address if Person OR Head office address if Organization/Foreigners fill in only Phone-Email-Country-Province/City)

Phone:	<input type="text"/>	Sector:	<input type="text"/>
Email:	<input type="text"/>	Cell:	<input type="text"/>
Country:	<input type="text"/>	Street name and house number:	<input type="text"/>
Province:	<input type="text"/>	P. O. Box:	<input type="text"/>
District:	<input type="text"/>		

**Representative of the innovator**

ID document (ID card or passport):	<input type="text"/>	First Name:	<input type="text"/>
ID document number:	<input type="text"/>	Middle Name:	<input type="text"/>
Country:	<input type="text"/>	Last Name:	<input type="text"/>

**Address** (Foreigners fill in only Phone-Email-Country-Province/City)

Phone:	<input type="text"/>	Sector:	<input type="text"/>
Email:	<input type="text"/>	Cell:	<input type="text"/>
Country:	<input type="text"/>	Street name and house number:	<input type="text"/>
Province:	<input type="text"/>	P. O. Box:	<input type="text"/>
District:	<input type="text"/>		



**V. Attachments**

Description

- Summary of work
- Description of innovation

Claim of priority

Drawing

- Drawing
- Model
- Sample
- Diagram

Abstract

Fee payment receipt slip

Copy of ID document

Power of attorney

Certificate of Registration

Other .....

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**Certification and signatures**

I/we hereby give my/our consent to:

Date: .....  Owner  Innovator Signature.....

(In capital letters)

I hereby certify that the information given to the best of my knowledge is true, complete and all signatures in the attachments are made by the persons stated. I also understand that any false declaration may lead to prosecution.

Date: ..... Applicant's Signature: .....