

**Model International Form
Under the Patent Law Treaty (PLT)**

.....*

**REQUEST FOR THE GRANT OF
A PATENT**

For Office use only

Application No.

Filing Date

* Indicate name of national or regional patent Office that is requested to grant a patent.

Applicant's or representative's file reference
(if desired)

Box No. I TITLE OF INVENTION

Box No. II APPLICANT(S)

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)*

Telephone No.

Facsimile No.

E-mail address

Registration No. or other indication registered with the Office

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

Further applicants are indicated on the following sheet: Continuation of Box No. II

Box No. III INVENTOR(S)

The applicant(s) indicated in Box No. II is(are) the sole inventor(s) *(if this check-box is marked, do not fill in the rest of Box No. III)*

Name and address: *(Family name followed by given name. The address must include postal code and name of country.)*

Further inventors are indicated on the following sheet: Continuation of Box No. III

Continuation of Box No. II FURTHER APPLICANT(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:

Continuation of Box No. III FURTHER INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: *(Family name followed by given name. The address must include postal code and name of country.)*

Name and address: *(Family name followed by given name. The address must include postal code and name of country.)*

Name and address: *(Family name followed by given name. The address must include postal code and name of country.)*

Name and address: *(Family name followed by given name. The address must include postal code and name of country.)*

Name and address: *(Family name followed by given name. The address must include postal code and name of country.)*

Box No. IV REPRESENTATIVE: The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the Office as a representative	
Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office
<input type="checkbox"/> The person above represents all applicants. <input type="checkbox"/> If not, specify the applicant(s) who is(are) represented by the person above:	
<input type="checkbox"/> The power of attorney is attached <input type="checkbox"/> The appointment is made in this request Form <input type="checkbox"/> The power of attorney (No.) is already in the possession of the Office.	
<input type="checkbox"/> Further representatives are indicated on the following sheet: Continuation of Box No. IV	
Box No. V ADDRESS FOR CORRESPONDENCE OR LEGAL SERVICE	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i>	Telephone No.
	Facsimile No.
	E-mail address
Box No. VI REGIONAL PATENT APPLICATION	
If the application is filed under a treaty providing for the grant of regional patents, designate, if applicable, the State or States in which protection for the invention is sought: <input type="checkbox"/> All member states of the international organization are designated. <input type="checkbox"/> If not, specify the designated States:	<input type="checkbox"/> Different applicants are designated for different States as follows:

Continuation of Box No. IV FURTHER REPRESENTATIVE(S): The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the Office as a representative

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office

- The person above represents all applicants.
 If not, specify the applicant(s) who is(are) represented by the person above:

- The power of attorney is attached The appointment is made in this request Form The power of attorney (No.) is already in the possession of the Office.

Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office

- The person above represents all applicants.
 If not, specify the applicant(s) who is(are) represented by the person above:

- The power of attorney is attached The appointment is made in this request Form The power of attorney (No.) is already in the possession of the Office.

Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office

- The person above represents all applicants.
 If not, specify the applicant(s) who is(are) represented by the person above:

- The power of attorney is attached The appointment is made in this request Form The power of attorney (No.) is already in the possession of the Office.

Box No. VII DIVISIONAL APPLICATION; APPLICATION FOR A PATENT OF ADDITION OR APPLICATION OTHERWISE ASSOCIATED WITH ONE OR MORE OTHER APPLICATIONS

The present application is: <input type="checkbox"/> a divisional application <input type="checkbox"/> an application for continuation <input type="checkbox"/> an application for continuation-in-part <input type="checkbox"/> an application for a patent of addition <input type="checkbox"/> an application by new applicant(s) determined by the competent authority to be entitled to an invention contained in an earlier application	Filing date of the other application, or of the application for the other patent, associated with the present application: Application or patent number of the other application or patent:
--	--

Further applications or patents that are associated with the present application are indicated on the following sheet: Continuation of Boxes Nos. VII and VIII

Box No. VIII PRIORITY CLAIM: The priority of the following earlier application(s) is hereby claimed

Filing date of earlier application <i>(day/month/year)</i>	Number of earlier application	Where earlier application is:		
		National application: country party to the Paris Convention or Member of WTO	Regional application: * regional Office	International application: receiving Office
item (1)				
item (2)				
item (3)				

A certified copy of the following earlier application(s) is attached.

item (1) item (2) item (3)

**Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed:*

.....

.....

Further priority claims are indicated on the following sheet: Continuation of Boxes Nos. VII and VIII

Request for restoration of the right of priority: mark this check-box if the applicant(s) request(s) the restoration of the right of priority based on the earlier application(s) identified above or in the Continuation Sheet of Box No. VIII as item(s) _____. The reasons for the failure to comply with the priority period are indicated on additional sheet No. _____.

Incorporation by reference of earlier application(s): the contents of the earlier application(s) identified above or in the Continuation Sheet of Box No. VIII as item(s) _____ are incorporated by reference in the present application.

Box No. IX DECLARATIONS

The following declarations are contained in Boxes Nos. IX (i) to (v) <i>(mark the applicable check-boxes below and indicate in the right column the number of each type of declaration).</i>	Number of declarations
<input type="checkbox"/> Box No. IX (i) Declaration as to the identity of the inventor	
<input type="checkbox"/> Box No. IX (ii) Declaration as to the applicant's entitlement, as at the filing date, to apply for and be granted a patent	
<input type="checkbox"/> Box No. IX (iii) Declaration as to the applicant's entitlement, as at the filing date, to claim the priority of the earlier application	
<input type="checkbox"/> Box No. IX (iv) Declaration of inventorship	
<input type="checkbox"/> Box No. IX (v) Declaration as to non-prejudicial disclosures or exceptions to lack of novelty	

Continuation of Boxes Nos. VII and VIII

If none of the following sub-boxes is used, this sheet should not be included in the request.

Continuation of Box No. VII DIVISIONAL APPLICATION; APPLICATION FOR A PATENT OF ADDITION OR APPLICATION OTHERWISE ASSOCIATED WITH ONE OR MORE OTHER APPLICATIONS

Filing date of the other application, or of the application for the other patent, associated with the present application:	Application or patent number of the other application or patent:
Filing date of the other application, or of the application for the other patent, associated with the present application:	Application or patent number of the other application or patent:
Filing date of the other application, or of the application for the other patent, associated with the present application:	Application or patent number of the other application or patent:
Filing date of the other application, or of the application for the other patent, associated with the present application:	Application or patent number of the other application or patent:

Continuation of Box No. VIII PRIORITY CLAIM: The priority of the following earlier application(s) is hereby claimed

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		National application: country party to the Paris Convention or Member of WTO	Regional application:* regional Office	International application: receiving Office
item (4)				
item (5)				
item (6)				
item (7)				
item (8)				
item (9)				

A certified copy of the following earlier application(s) is attached.

- | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> item (4) | <input type="checkbox"/> Item (5) | <input type="checkbox"/> item (6) |
| <input type="checkbox"/> item (7) | <input type="checkbox"/> Item (8) | <input type="checkbox"/> item (9) |

**Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed:*

.....

Box No. IX (i) DECLARATION: IDENTITY OF THE INVENTOR

This declaration is contained on the following sheet, "Continuation of Box No. IX (i)"

Box No. IX (ii) DECLARATION: ENTITLEMENT TO APPLY FOR AND BE GRANTED A PATENT

Empty space for the declaration text.

This declaration is contained on the following sheet, "Continuation of Box No. IX (ii)"

Box No. IX (iii) DECLARATION: ENTITLEMENT TO CLAIM PRIORITY

This declaration is continued on the following sheet, "Continuation of Box No. IX (iii)"

Box No. IX (iv) DECLARATION: INVENTORSHIP

Empty space for the declaration content.

This declaration is continued on the following sheet, "Continuation of Box No. IX (iv)"

Box No. IX (v) DECLARATION: NON-PREJUDICIAL DISCLOSURES OR EXCEPTIONS TO LACK OF NOVELTY

Empty space for declaration text.

This declaration is contained on the following sheet, "Continuation of Box No. IX (v)"

Continuation of Box No. IX (i) to (v) DECLARATION

*If the space is insufficient in any of Boxes Nos. IX (i) to (v) to furnish all the information, including in the case where **more than two inventors are to be named** in Box No. IX (iv), in such case, write "Continuation of Box No. IX ..." (indicate the item number of the Box) and furnish the information in the same manner as required for the purposes of the Box in which the space was insufficient. If additional space is needed in respect of two or more declarations, a separate continuation box must be used for each such declaration. If this Box is not used, this sheet should not be included in the request.*

Empty space for declaration text.

Box No. X CHECK LIST		
<p>This application contains:</p> <p>(a) on paper, the following number of sheets:</p> <p style="padding-left: 20px;">request (including declaration sheets) : _____</p> <p style="padding-left: 20px;">description (excluding sequence listing and/or tables related thereto) : _____</p> <p style="padding-left: 20px;">claims : _____</p> <p style="padding-left: 20px;">abstract : _____</p> <p style="padding-left: 20px;">drawings : _____</p> <p style="padding-left: 20px;">Sub-total number of sheets : _____</p> <p style="padding-left: 20px;">sequence listing : _____</p> <p style="padding-left: 20px;">tables related thereto : _____</p> <p style="padding-left: 20px;"><i>(for both, actual number of sheets if filed on paper, whether or not also filed in electronic form; see (c) below)</i></p> <p style="padding-left: 20px;">reference to a previously filed application replacing the description and drawings for the purpose of the filing date : _____</p> <p style="padding-left: 20px;">Total number of sheets : _____</p> <p>(b) <input type="checkbox"/> only in electronic form</p> <p style="padding-left: 20px;">(i) <input type="checkbox"/> sequence listing</p> <p style="padding-left: 20px;">(ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input type="checkbox"/> also in electronic form</p> <p style="padding-left: 20px;">(i) <input type="checkbox"/> sequence listing</p> <p style="padding-left: 20px;">(ii) <input type="checkbox"/> tables related thereto</p> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the</p> <p style="padding-left: 20px;"><input type="checkbox"/> sequence listing:</p> <p style="padding-left: 20px;"><input type="checkbox"/> tables related thereto:</p>	<p>This application is accompanied by the following item(s) Number of items <i>(mark the applicable check-boxes below and indicate in right column the number of each item):</i></p> <p>1. <input type="checkbox"/> original power of attorney : _____</p> <p>2. <input type="checkbox"/> copy of general power of attorney or single power of attorney that covers this application; reference number, if any: : _____</p> <p>3. <input type="checkbox"/> priority document(s) identified in Box No. VIII as item(s): : _____</p> <p>4. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material : _____</p> <p>5. <input type="checkbox"/> evidence concerning non-prejudicial disclosures or exceptions to lack of novelty : _____</p> <p>6. <input type="checkbox"/> other (<i>specify</i>): : _____</p>	
<p>Figure of the drawings which should accompany the abstract:</p>	<p>Language of filing of the application:</p>	
<p>Box No. XI SIGNATURE OR SEAL OF APPLICANT OR REPRESENTATIVE; DATE</p> <p><i>Next to each signature or seal, indicate the name of the person signing or whose seal is used and the capacity in which the person signs or whose seal is used (if such capacity is not obvious from reading the request) and the date of signature or of seal.</i></p>		

For Office use only