## REQUEST FOR THE REGISTRATION OF AN INDUSTRIAL DESIGN

THE UNDERSIGNED HEREBY REQUEST THAT	(The following is to be filled in by the Intellectual Property Office)  APPLICATION No.:
INDUSTRIAL DESIGN APPLICATION BE REGIS	
	Date of Receipt:
Box No. I TITLE OF THE DESIGN	
	SIGNER) Use this box for indicating the applicant or, if there are clude, where applicable, a legal entity) is involved, continue in the
The person in this box is (check one only): Name and address:	applicant and designer applicant only
Telephone number: Fax N (including area code)	Number: E-Mail address:
Country of nationality: Country	ountry of residence:
Box No. III DESIGNER/S A separate sub-box has to be fill insufficient, continue in the "Supplemental Box" (giving there requested in the following two sub-boxes) or by using a "continual The person in this box is (check one only):  Applicant and Name and address:	ntinuation sheet".
If the person identified in this sub-box is applicant (or applic Country of nationality:	licant and designer ), indicate also:  Country of residence:
The person identified in this box is (check one only): Name and address:	applicant and designer designer only
If the person identified in this sub-box is applicant (or applicant Country of nationality:	ant and designer), indicate also:  Country of residence:

<sup>\*</sup> The applicant/agent shall inform the office of any change in the address/es indicated to ensure receipt of communications.

Box No. IV AGENT (IF ANY) OR COMMON REPRESENTATIVE (IF ANY); ADDRESS FOR NOTIFICATIONS (IN CERTAIN CASES) A common representative may be appointed only if there are several applicants and if no agent is or has been appointed: The common representative must be one of the applicants.  The following person (include, where applicable, a legal entity) is hereby/has been appointed as agent or common representative to act on behalf of the applicant(s) before the Intellectual Property Office.  Name and address, including postal code:			
Telephone number: (including area code)	Fax No.:	E-Mail address:	
Box No. V PRIORITY CLAIM (IF ANY) Country in which it was filed:	The priority of the following Date (month, day, year)	owing earlier application(s) is hereby claimed: Application No.	
(1)			
(2)			
(3)			
	l on behalf of any appli ant is required. If in suc	cant by an agent, a separate notarized power of attorney th case it is desired to make use of a general power of	
Box No. VII CHECK LIST (To be filled in	,		
This application contains the following numb sheets:  1. Request:  Sheets	er of	This application as filed is accompanied by the items checked below.	
2. Description : Sheets		☐ Separate notarized power of attorney	
3. Claim(s): Sheets		Copy of general power of attorney	
4. Drawing(s): Sheets Total: Sheets		Priority document(s) (see Box No. V)	
Figure number(s) of the drawing is suggested to accompany the abstract for pu	- '	☐ Cheques for the payment of fees☐ Other documents (specify)	

Su	pplemental Box Use this box in the following cases:
i. ii. iii.	if more than three persons are involved as applicants and/or designers: in such case, write "continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III; if there are more than three earlier applications whose priority is claimed; in such case, indicate "continuation of Box No. V" and indicate for each additional earlier application the same type of information as required in Box No. V; and if, in any of the Boxes, the space is insufficient to furnish the information; in such case, write "continuation of Box No." (indicate the number of the box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient.
If t	his supplemental Box is not used, this sheet need not be included in the Request.
	supplemental Box to not used, and sheet need not be included in the resquest.