REQUEST FOR GRANT OF A PHILIPPINE PATENT

	(The following is to be filled in by the Intellectual Property Office)			
	APPLICATION No.:			
THE UNDERSIGNED HEREBY REQUEST GRANT OF A PHILLIPINE PATENT FOR THE SUBJECT APPLICATION.	FILING DATE:			
	Date of Receipt:			
Box No. 1 TITLE OF THE INVENTION				
Box No. II APPLICANT (WHETHER OR NOT ALSO INVENTOR). Use this box for indicating the applicant or, if there are several applicants, one of them. If more than one person (include, where applicable, a legal entity) is involved, continue in supplemental box.				
The person in this box is (check one only): applicant and inventor applicant only				
Name and address:				
Telephone number: Fax Number: (including area code)	E-mail address:			
Country of Nationality:	y: Country of residence:			
Box No. III INVENTOR/S. A separate sub-box has to be filled in respect of each person. If the following two sub-boxes are insufficient, continue in the "Supplemental Box". (giving therein for each additional person the same indications as those requested in the following two sub-boxes) or by using a "continuation sheet."				
The person in this box/button is (check one only): applicant and inventor inventor only				
Name and address:				
If the person identified in this sub-box is applicant (or applicant and inventor), indicate also:				
Country of nationality: Country	of residence:			
The person in this sub-box is (check one only): applicant and in	ventor inventor only			
Name and address:				
If the person identified in this sub-box is applicant (or applicant and inventor), indicate also:				
Country of nationality: Country of residence:				

Request Form 1 (Revision 01) (March 2015)

Sheet 1 of 2

Box No. IV AGENT(IF ANY) C NOTIFICATIONS (IN CERTAIN applicants and if no agent is or ha The following person (include, w common representative to act on	N CASES) A comm s been appointed: T here applicable, a le	on representative may be the common representative gal entity) is hereby/has	e appointed only if there are several we must be one of the applicants. been appointed as agent or
Name and address, including post	al codes:		
Telephone number: (including area code)	Fax	No.:	E-mail address:
Box No. V PRIORITY CLAIM claimed:	(IF ANY). The pri	ority of the following ear	lier application(s) is hereby
Country in which it was filed:		iling date th, day, year)	Application No.
(1)			
(2)			
(3)			
Box No. VII CHECKLIST (To be	e filled in by the app	plicant)	
This application contains the follosheets:	owing number of	This application as file items checked below:	ed is accompanied by the
2. Description sh	eets eets	☐ Separate notariz	ed power of attorney
4. Abstract sh	eets	☐ Copy of general	power of attorney
6. ☐ Sequence Listing	eets	☐ Priority document(s) (see Box No. V)	
☐ Sequence Listing	eets	☐ Cheques for the	payment of fees
	eets	☐ Physical data ca Listing in PDF (rrier containing Sequence OCR
Figure number of the drawing is suggested to accompany the abstraction.		☐ Other document	s (specify)

Supplemental Box. Use this box in the following cases:		
 i. if more than three persons are involved as applicants and/or inventors: 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; ii. 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. iii. 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 this supplemental Box is not used, this sheet need not be included in the Request		