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): \square applicant and inventor \square applicant only					
Name and address:					
Telephone number: Fax Number: (including area code)	E-mail address:				
Country of Nationality:	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 is (check one only): \square applicant and in	nventor 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 manner in this cut have is (about 1000 and 1000 and 1000 and 1000).	viantar				
The person in this sub-box is (check one only): \square applicant and inventor \square 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:					

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Box No. IV AGENT(IF ANY) OR NOTIFICATIONS (IN CERTAIN of applicants and if no agent is or has be The following person (include, whe common representative to act on be	CASES) A common robbeen appointed: The cere applicable, a legal of	epresentative may be common representat entity) is hereby/has	e appointed only if there are several ive must be one of the applicants. been appointed as agent or				
Name and address, including postal codes:							
Telephone number: (including area code)	Fax No.:	:	E-mail address:				
Box No. V PRIORITY CLAIM (I claimed:	IF ANY). The priorit	y of the following ea	arlier application(s) is hereby				
Country in which it was filed:		ling date Application No.					
(1)							
(2)							
(3)							
Box No. VII CHECKLIST (To be	filled in by the applic	··ant)					
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This application contains the following number of sheets:		his application as file necked below:	ed is accompanied by the items				
1. request shee 2. description shee	· · · · · · · · · · · · · · · · · · ·] separate notariz	zed power of attorney				
3. claims sheet 4. abstract sheet	· · ·	copy of general	power of attorney				
5. drawing(s)sheet		priority docume	ent(s) (see Box No. V)				
Total shee	ets	cheques for the	payment of fees				
Figure number of the drawing is suggested to accompany the abstract		other document	s(specify				

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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; 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.						