

REQUEST FOR THE REGISTRATION OF A UTILITY MODEL

**THE UNDERSIGNED HEREBY REQUEST THAT THIS
UTILITY MODEL APPLICATION BE REGISTERED**

(The following is to be filled in by the Intellectual
Property Office)

APPLICATION No.:

FILING DATE:

Date of Receipt:

Box No. I TITLE OF THE UTILITY MODEL

Box No. II APPLICANT (WHETHER OR NOT ALSO MAKER). 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 maker applicant only

Name and address:

Telephone number:
(including area code)

Fax Number:

E-mail address:

Country of Nationality:

Country of residence:

Box No. III MAKER/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): applicant and maker maker only

Name and address:

If the person identified in this sub-box is applicant (or applicant and maker), indicate also:

Country of nationality:

Country of residence:

The person in this sub-box is (check one only): applicant and maker maker only

Name and address:

If the person identified in this sub-box is applicant (or applicant and maker), indicate also:

Country of nationality:

Country of residence:

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 codes:

Atty. Emma Cariño Francisco
 3rd Floor Avant Building
 Jupiter Street, Bel-Air Village
 Makati City, Philippines 1209
 Telephone number:
 (including area code)

Fax No.:
 63 2 9512518

E-mail address:
 mail@creativelaw.com.ph

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

| Country in which it was filed: | Filing date (month, day, year) | Application No. |
|--------------------------------|-----------------------------------|-----------------|
| (1) | | |
| (2) | | |
| (3) | | |

Box No. VI SIGNATURE OF APPLICANT(S) OR AGENT OVER PRINTED NAME(S)

If the present Request form is signed on behalf of any applicant by an agent, a separate notarized power of attorney appointing the agent and signed by the applicant is required. If in such case it is desired to make use of a general power of attorney (deposited with the Intellectual Property Office), a copy thereof must be attached to this form.

Box No. VII CHECKLIST (To be filled in by the applicant)

This application contains the following number of sheets:

1. Request
2. Description
3. Claim(s)
4. Drawing(s)

Total sheets

Figure number _____ of the drawing (if any) is suggested to accompany the abstract for publication

This application as filed is accompanied by the items checked below:

- Separate notarized power of attorney
- Copy of general power of attorney
- Priority document(s) (see Box No. V)
- Cheques for the payment of fees
- Other document(specify)