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	FILING DATE:			
PHILLIPINE PATENT FOR THE SUBJECT APPLICATION.				
	Date of Receipt:			
Box No. 1 TITLE OF THE INVENTION				
Box No. II APPLICANT (WHETHER OR NOT ALSO INVE applicant or, if there are several applicants, one of them. If mor 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:	E-mail address:			
Telephone number:Fax Number:(including area code)Fax Number:	E-mail address.			
Country of Nationality:	ry of Nationality: Country of residence:			
Der No. III INVENTOD/S. A concepto and here has to be fille	Line many of the fail and a start of the fail and a			
Box No. III INVENTOR/S. A separate sub-box has to be fille two sub-boxes are insufficient, continue in the "Supplemental I the same indications as those requested in the following two su	Box". (giving therein for each additional person			
The person in this box is (check one only): applicant and inve	entor 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:				

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Sheet 1 of 2

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

NOTIFICATIONS (IN CERTAIN applicants and if no agent is or has The following person (include, who common representative to act on be	CASES) A comm been appointed: T ere applicable, a le	The common represent egal entity) is hereby	ay be appointed ntative must be /has been appoi	only if there are several one of the applicants. nted as agent or	
Name and address, including posta	l codes:				
Telephone number: (including area code)	Fax	Fax No.:		E-mail address:	
Box No. V PRIORITY CLAIM (claimed:	IF ANY). The pri	ority of the following	g earlier applica	tion(s) is hereby	
Country in which it was filed:		Filing date (month, day, year)		Application No.	
(1)					
(2)					
(3)					
Box No. VII CHECKLIST (To be)	filled in by the ap	nlicant)			
This application contains the follow	• •	This application a	s filed is accom	panied by the	
sheets:		items checked bel			
1. Requestsheets2. Descriptionsheets		□ Separate notarized power of attorney			
3. Claims sheet 4. Abstract sheet	ets	□ Copy of general power of attorney			
5. Drawing(s) sheets 6. □ Sequence Listing (Paper) sheets		□ Priority doc	□ Priority document(s) (see Box No. V)		
\Box Sequence Listing	015	\Box Cheques for the payment of fees			
(PDF OCR) she	ets	□ Cheques for			
	ets			iining Sequence	

Sheet Number 3

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.

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