REQUEST FOR THE REGISTRATION OF A UTILITY MODEL

		Intellectual	ving is to be filled in by the Property Office) TION No.:
THE UNDERSIGNED HEREBY REQUES UTILITY MODEL APPLICATION BE R		FILING I	DATE:
		Date of Re	ceipt:
Box No. I TITLE OF THE UTILITY MODEL		_	
Box No. II APPLICANT (WHETHER OR NOT All are several applicants, one of them. If more than one is involved, continue in the supplemental box.			0 11
The person in this box is (check one only): Name and address:	applicant and mal	ter app	olicant only
Telephone number: Fax (including area code) Country of nationality:	Number:	E-M	Iail address:
Country of nationality.	Country o.	residence.	
Box No. III MAKER/S A separate sub-box has to be boxes are insufficient, continue in the "Supplemental indications as those requested in the following two separates sub-box has to be boxes are insufficient, continue in the "Supplemental indications as those requested in the following two separates sub-box has to be boxes are insufficient, continue in the "Supplemental indications as those requested in the following two separates sub-box has to be boxes are insufficient, continue in the "Supplemental indications as those requested in the following two separates sub-box has to be boxes are insufficient, continue in the "Supplemental indications as those requested in the following two separates sub-box has to be boxes are insufficient, continue in the "Supplemental indications as those requested in the following two separates sub-box has been supplemental indications as those requested in the separate sub-box has been supplemental indications as those requested in the separate sub-box has been supplemental indications as those requested in the separate sub-box has been supplemental indications as the separate sub-box has been supplemental indications.	l Box" (giving the	erein for each a	additional person the same
The person in this box is (check one only): Name and address:	applicant and m	aker m	aker only
If the person identified in this sub-box is applicant (country of nationality:	or applicant and n Country of		e also:
The person identified in this box is (check one only) Name and address:	: applicant	and maker	maker only
If the person identified in this sub-box is applicant (country of nationality:	or applicant and n Country of		e also:

(Revision 01) (March 2015)

*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 COMMO	ON REPRESE	NTATIVE (IF ANY); ADDRESS FOR				
		sentative 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:	(0) 000000	g				
postar code.						
Felephone number: Fax No.:		E-Mail address:				
(including area code)						
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		Application No.				
(month, day, ye		year)				
(1)						
(1)						
(2)						
(2)						
(3)						
Box No. VI SIGNATURE OF APPLICANT(S) OR AGENT OVER PRINTED NAME(S)						
BOX NO. VI SIGNATURE OF APPLICANT	(S) OR AGEN	I OVER PRINTED NAME(S)				
 	C 1: 1					
		y 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.						
D. N. WHI CHIECK I ICE (T. I. CH. I. I. I	.1 4 1.					
Box No. VII CHECK LIST (To be filled in b	• • • •	·				
This application contains the following number	er of	This application as filed is accompanied by the items				
sheets:		checked below.				
1. Request	Sheets					
2. Description :	Sheets	☐ Separate notarized power of attorney				
3. Claim(s):	Sheets	☐ Copy of general power of attorney				
4. Abstract:	Sheets	☐ Priority document(s) (see Box No. V)				
5. Drawing(s):	Sheets	☐ Cheques for the payment of fees				
6. ☐ Sequence Listing (Paper): ☐ Sequence Listing (PDF OCR):	Sheets	☐ Physical data carrier containing Sequence				
L sequence Listing (FDF OCK):	Sheets	Listing in PDF OCR				
Total:	Sheets	☐ Other documents (specify)				
Figure number(s) of the drawing	gs (if any)					
is suggested to accompany the abstract for pr						

Su	pplemental Box Use this box in the following cases:				
i. ii.	if more than three persons are involved as applicants and/or makers: 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				
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 t	If this supplemental Box is not used, this sheet need not be included in the Request.				