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 INVENTO)	R) Use this hox for indicating the					
applicant or, if there are several applicants, one of them. If more than 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: (including area code)						
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): applicant and inver-	ntor inventor only					
Name and address:						
If the person identified in this sub-box is applicant (or applicant and i Country of nationality: Country of residence:	nventor), indicate also:					
The person in this sub-box is (check one only): applicant and inver	utor inventor only					
Name and address:	tor inventor only					
Ivanic and address.						
If the moreon identified in this cub how is applicant (as applicant and inventors) in the state of the state						
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 Sheet 1 of 2

Box No. IV AGENT(IF ANY) OR COMMON REF NOTIFICATIONS (IN CERTAIN CASES) A common rep applicants and if no agent is or has been appointed: The co The following person (include, where applicable, a legal en common representative to act on behalf of the applicant(s)	resentative may be appointed only mmon representative must be one tity) is hereby/has been appointed	of the applicants. as agent or	
Name and address, including postal codes:			
MENESES & SANTILLAN LAW OFFICES 18th Floor, Philamlife Tower, 8767 Paseo de Roxas, Makat	i City 1226 Philippines		
Telephone number: Fax No.: E-mail addre (including area code) +63 2 8308489 albertcs@men gabrielm@mer	salaw.com		
Box No. V PRIORITY CLAIM (IF ANY) . The priority o claimed:	f the following earlier application((s) is hereby	
	ling date n, day, year)	Application No.	
(1)			
(2)			
(3)			
Box No. VII CHECKLIST (To be filled in by the applicant)			
This application contains the following number of sheets:	This application as filed is accompanied by the items checked below:		
1.request sheets 2.description sheets 3. claims sheets 4.abstract sheets 5. drawing(s) sheets	separate notarized power of attorney copy of general power of attorney priority document(s) (see Box No. V)		
Total sheets	cheques for the payment of fees		
Figure number of the drawing (if any) is suggested to accompany the abstract for publication	other document(specify		

Request Form 1 Sheet 2 of 2

Supplemental Box. Use this box in the following cases:
Supplemental box. Ose this box in the following cases.
: if we asked the common without a continue of the continue of the continue of
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 samemanner 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.