REQUEST FOR THE REGISTRATION OF A UTILITY MODEL

	(The following is to be filled in by the Intellectual Property Office) APPLICATION No.:		
THE UNDERSIGNED HEREBY REQUEST THAT THIS UTILITY MODEL APPLICATION BE REGISTERED.	FILING DATE:		
	Date of Receipt:		
Box No. I TITLE OF THE UTILITY MODEL			
Box No. II APPLICANT (WHETHER OR NOT ALSO MAKER) Use this there are several applicants, one of them. If more than one person (include, w is involved, continue in the supplemental box. The person in this box is (check one only): [] applicant and maker [Name and address:	• • • • • • • • • • • • • • • • • • • •		
Telephone number: Fax Number: E-Ma (including area code) Country of nationality: Country of residence:	il address:		
Box No. III MAKER/S A separate sub-box has to be filled in in respect of two sub-boxes are insufficient, continue in the "Supplemental Box" (giving the same indications as those requested in the following two sub-boxes) or by	herein for each additional person		
The person in this box is (check one only): [] applicant and maker [Name and address:] maker only		
If the person identified in this sub-box is applicant (or applicant and maker), Country of nationality: Country of residence:	indicate also:		
The person identified in this box is (check one only): [] applicant and make Name and address:	er [] maker only		
If the person identified in this sub-box is applicant (or applicant and maker), Country of nationality: Country of residence:	indicate also:		

is suggested to accompany the abstract for publication.

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 code: **MENESES & SANTILLAN LAW OFFICES** 18th Floor, Philamlife Tower, 8767 Paseo de Roxas Makati City 1226 Philippines Telephone number: Fax No.: E-Mail addresses: +63 2 8308489 albertcs@mensalaw.com (including area code) +63 2 8308691 gabrielm@mensalaw.com 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, year) (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 CHECK LIST** (To be filled in by the Applicant) This application contains the following number of This application as filed is accompanied by the items sheets: checked below. 1. Request 2. Description: Separate notarized power of attorney 3. Claim(s): Copy of general power of attorney 4. Drawing(s): ☐ Priority document(s) (see Box No. V) **Total Sheets:** ☐ Cheques for the payment of fees ☐ Other documents (specify) Figure number(s) of the drawings (if any)