



FIRST SCHEDULE – FORMS

FORM 1
APPLICATION FOR A PATENT OR UTILITY MODEL CERTIFICATE
(regulation 3)

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
APPLICATION FOR A PATENT OR UTILITY MODEL CERTIFICATE To: The Registrar [Address]	<p align="right">For Official Use</p> Date of Receipt by Registrar's Office: APPLICATION No.: <p align="center">(Office's Stamp)</p> FILING DATE: Applicant's or Representative's File Reference:
THE APPLICANT(S) REQUEST(S) THE GRANT OF A <input type="checkbox"/> PATENT <input type="checkbox"/> UTILITY MODEL CERTIFICATE IN RESPECT OF THE FOLLOWING PARTICULARS:	
I. TITLE OF INVENTION:	
II. APPLICANT(S)* Additional information is contained in supplementary box <input type="checkbox"/> Name: Address: Nationality: Country of residence or principal place of business: Tel. No.: Telegraphic Address: Telex No.: Fax No.:	

* The data concerning each applicant must appear in this box or, if the space is insufficient, in the supplementary box.

Form I (cont'd)

<p>III. AGENT</p> <p>The following agent has been appointed by the applicant(s) in the power of attorney</p> <p><input type="checkbox"/> accompanying this Form <input type="checkbox"/> to be filed within one month from the filing of this Form</p> <p>Name:</p> <p>Address:</p> <p>Tel. No.: Telegraphic Address: Telex No.: Fax No.:</p>
<p>IV. INVENTOR</p> <p><input type="checkbox"/> The inventor is the applicant Additional information is contained in supplementary box <input type="checkbox"/></p> <p>If inventor is not the applicant:</p> <p>Name:</p> <p>Address:</p> <p>The statement justifying the applicant's right accompanies this Form <input type="checkbox"/></p>
<p>V. DIVISIONAL APPLICATION</p> <p>This application is a divisional application <input type="checkbox"/>. The benefit of the <input type="checkbox"/> filing date <input type="checkbox"/> priority date of the initial application is claimed in as much as the subject matter of the present application is contained in the initial application identified below.</p> <p>Initial Application No.:</p> <p>Date of filing of initial application:</p>

(Form I, second page)

Form .1 (cont'd)

<p>VI. DISCLOSURES TO BE DISREGARDED FOR PRIOR ART PURPOSES</p> <p>Disclosure occurred not more than six months before the filing date or priority date of the present application</p> <p><input type="checkbox"/> by reason or in consequence of acts of the applicant or his predecessor in title.</p> <p><input type="checkbox"/> of an abuse committed by a third party with regard to the rights of the applicant or his predecessor in title.</p> <p><input type="checkbox"/> Additional information is contained in a statement accompanying this Form.</p>	
<p>VII. PRIORITY DECLARATION (if any)</p> <p>The priority of (an) earlier application(s) is claimed as follows <input type="checkbox"/></p> <p>The priority of more than one earlier application is claimed; the data are indicated in the supplementary box <input type="checkbox"/></p> <p>Country (if the earlier application is a regional or international application, indicate the office with which and the countries for which it was filed):</p> <p>Filing Date:</p> <p>Application No.:</p> <p>Symbol of the International Patent Classification:</p> <p><input type="checkbox"/> not yet allocated</p> <p>The certified copy of the earlier application <input type="checkbox"/> accompanies this Form. <input type="checkbox"/> will be furnished upon request by the Registrar, as prescribed by Rule 20(5).</p> <p>The English translation of the earlier application <input type="checkbox"/> accompanies this Form. <input type="checkbox"/> will be furnished upon request, as prescribed by Rule 20(6).</p>	

(Form. 1, third page)

Form 1 (cont'd)

VIII. SUPPLEMENTARY BOX*



* Use this box if any of the boxes is not large enough to contain information to be furnished. Indicate the boxes continued in this box by their roman numerals and title (e.g., "II. APPLICANT(S) (continued)").

(Form 1, fourth page)

Form 1 (cont'd)

<p>IX. CHECKLIST (TO BE FILLED IN BY THE APPLICANT(S))</p>	
<p>A. This application contains the following:</p> <p>1. request sheet(s)</p> <p>2. description sheet(s)</p> <p>3. claim(s) sheet(s)</p> <p>4. abstract sheet(s)</p> <p>5. drawing(s) sheet(s)</p> <p style="text-align: right;">Total <input style="width: 40px;" type="text"/> sheets</p>	<p>B. This Form, as filed, is accompanied by the items ticked below:</p> <p><input type="checkbox"/> separate signed power of attorney</p> <p><input type="checkbox"/> statement justifying the applicant's right</p> <p><input type="checkbox"/> statement that certain disclosures be disregarded</p> <p><input type="checkbox"/> priority document(s) (certified copy of earlier application(s))</p> <p><input type="checkbox"/> English translation of earlier application(s) on which priority declaration is based</p> <p><input type="checkbox"/> application fee</p> <p><input type="checkbox"/> other document(s) (specify)</p>
<p>C. Figure number of the drawings (if any) is suggested to accompany the abstract for publication</p>	
<p>X. SIGNATURE(S)*</p> <p>..... (Applicant(s)/Agent) (Date)</p> <p>..... (Applicant(s)/Agent) (Date)</p>	
<p>* Type name(s) under signature.</p> <p style="text-align: center; margin-top: 20px;">TO BE FILLED IN BY THE REGISTRAR</p>	
<p>1. Date of receipt of corrections or later filed documents completing the application:</p>	
<p>2. Date fees received:</p>	



FORM 2
PATENT PUBLICATION
(regulation (15))

MARKS, PATENTS AND DESIGNS OFFICE	
INDUSTRIAL PROPERTY ACT, 2010	
(19) Marks, Patents Designs Office	(11) Publications Number: (45) Publication Date: (51) IPC: ***
(12)** PATENT	
(21) Application Number: (22) Filing Date: (31) Priority Number: (32) Priority Date: (33) Priority Country:	(73) Owner(s): (72) Inventor(s): (74) Agent:
(54) Title:	
(57) Abstract:	
* This indication and the footnotes do not appear on the first page of the patent. ** The numbers in parentheses before the bibliographic data are the Internationally Agreed Numbers for the Identification of Data (INID codes), as defined in WIPO Standard ST.9, whereby the various bibliographic data appearing on the first page of a patent document can be identified without knowledge of the language used and the industrial property laws applied. *** International Patent Classification	



FORM 3
CERTIFICATE OF GRANT OF PATENT/UTILITY MODEL CERTIFICATE*
(regulation 16 (1))

<p>MARKS, PATENTS AND DESIGNS OFFICE</p> <p>INDUSTRIAL PROPERTY ACT, 2010</p>
<p>In accordance with section 23 (3) (a) of the Industrial Property Act, 2010, it is hereby certified that a patent/utility model certificate* having the Number has been granted to:</p> <p>Name:</p> <p>Address:</p> <p>on (date), in respect of an invention disclosed in an application for that patent/utility model certificate* having the following:</p> <p>filing date:</p> <p>priority date:</p> <p>being an invention for:</p> <p style="text-align: center;">(title)</p>
<p>Dated this, day of, 20.....</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">Registrar</p>

* Delete whichever does not apply.



GRANT OF PATENT
(regulation (16 (1)))

MARKS, PATENTS AND DESIGNS OFFICE	
INDUSTRIAL PROPERTY ACT, 2010	
(19) Marks, Patents Designs Office “Logo”	(11) Publications Number: (45) Publication Date: (51) IPC:***
(12)** PATENT	
(21) Application Number: (22) Filing Date: (31) Priority Number: (32) Priority Date: (33) Priority Country:	(73) Owner(s): (72) Inventor(s): (74) Agent:
(54) Title:	
(57) Abstract:	
(57) Claims:	
* This indication and the footnotes do not appear on the first page of the patent. ** The numbers in parentheses before the bibliographic data are the Internationally Agreed Numbers for the Identification of Data (INID codes), as defined in WIPO Standard ST.9, whereby the various bibliographic data appearing on the first page of a patent document can be identified without knowledge of the language used and the industrial property laws applied. *** International Patent Classification	



FORM 5
REQUEST FOR COMPULSORY LICENSE
(regulation 19)

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
To: The Registrar [Address]	For Official Use Received on: Applicant's Representative's File Reference:
I. IN THE MATTER OF : Patent Application No.	
Filling Date:	
Application for Utility Model Certificate No.	
Filling Date:	
Patent No.	
Filling Date:	
Utility Model Certificate No. :	
Filling Date:	
II. APPLICANTS (S)/OWNERS (s) * Name: Address:	
III. REQUEST The Registrar is hereby requested to grant the compulsory license for the Above – identified** The applicant(s)/owner (s)* is/are identified above. The licensor is/are identified below.	



FORM 6
GRANT OF UTILITY MODEL CERTIFICATE
(regulation 21 (3))

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
(19) Marks, Patents and Designs Office <div style="text-align: center; padding: 10px;">“Logo”</div>	(11) Publications Number: (45) Publication Date:
(12)** U T I L I T Y M O D E L C E R T I F I C A T E	
(21) Application Number: (22) Filing Date: (31) Priority Number: (32) Priority Date: (33) Priority Country:	(73) Owner(s): (72) Inventor(s): (74) Agent:
(54) Title:	
(57) Abstract:	
<p>* This indication and the footnotes do not appear on the first page of the utility model certificate. ** The numbers in parentheses before the bibliographic data are the Internationally Agreed Numbers for the Identification of Data (INID codes), as defined in WIPO Standard ST.9, whereby the various bibliographic data appearing on the first page of a patent document can be identified without knowledge of the language used and the industrial property laws applied.</p>	



FORM 7
APPLICATION FOR REGISTRATION OF INDUSTRIAL DESIGN
(regulation 23 (1) (b))

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
To: The Registrar [Address]	<div style="text-align: right;">For Official Use</div> Date of Receipt by Registrar's Office: APPLICATION No.: <div style="text-align: right;">(Office's Stamp)</div> FILING DATE: Applicant's or Representative's File Reference:
THE APPLICANT(S) REQUEST(S) THAT THE ACCOMPANYING INDUSTRIAL DESIGN BE REGISTERED IN RESPECT OF THE FOLLOWING PARTICULARS:	
<p>I. APPLICANT(S)*</p> <p>Additional information is contained in supplementary box <input type="checkbox"/></p> <p>Name:</p> <p>Address:</p> <p>Nationality:</p> <p>Country of residence or principal place of business:</p> <p style="text-align: center;">Tel. No.: Telegraphic Address: Telex No.: Fax No.:</p>	

The data concerning each applicant must appear in this box or, if the space is insufficient, in the supplementary box.

(Form 7, first page)

C.732

Form 7 (cont'd)

II. AGENT

The following agent has been appointed by the applicant(s) in the power of attorney

accompanying this Form to be filed within one month from the filing of this Form

Name:

Address:

Tel. No.: Telegraphic Address: Telex No.: Fax No.:

III. REPRESENTATIONS OF THE INDUSTRIAL DESIGN; SPECIMEN

This Form is accompanied by

- four graphic representations
- four drawings or tracings
- a specimen of the industrial design

IV. CREATOR

The creator is the applicant Additional information is contained in supplementary box

If creator is not the applicant:

Name:

Address:

The statement justifying the applicant's right accompanies this form

Form 7 (cont'd)

V.	PRODUCTS
The kind of products for which the industrial design is to be used is (are) the following:	
VI.	PRIORITY CLAIM (if any)
The priority of an earlier application is claimed as follows:	
Country:	Filing Date:
	Application No.:
The priority of more than one earlier application is claimed; the data are indicated in the supplementary box <input type="checkbox"/>	
The certified copy of the earlier application	
<input type="checkbox"/>	accompanies this Form
<input type="checkbox"/>	will be furnished within three months of the filing of this Form
VII.	FEES accompany this Form <input type="checkbox"/>
VIII.	SUPPLEMENTARY BOX*

* Use this box if any of the boxes is not large enough to contain information to be furnished. Indicate the boxes continued in this box by their Roman numerals and title (e.g., "II. APPLICANT(S) (continued)").

Form 7 (third page)

Form 7 (cont'd)

SUPPLEMENTARY BOX (cont'd)
<p>IX. SIGNATURE(S)</p> <p style="text-align: center;">..... (Applicant(s)/Agent*) (Date)</p> <p style="text-align: center;">..... (Applicant(s)/Agent*) (Date)</p>
<p>* Type name(s) under signature and delete whichever does not apply.</p> <p style="text-align: center;">TO BE FILLED IN BY THE REGISTRAR</p> <ol style="list-style-type: none">1. Date application received: 2. Date of receipt of corrections, later filed papers completing the application: 3. Date fees received:



FORM 8
CERTIFICATE OF REGISTRATION OF INDUSTRIAL DESIGN
(regulation 26 (1))

MARKS, PATENTS AND DESIGNS OFFICE
INDUSTRIAL PROPERTY ACT, 2010

In accordance with section 50 (2) (a) of the Industrial Property Act, 2010, it is hereby certified that an industrial design having the registration

No. has been registered for:

Name:

Address:

on (date)

in respect of an industrial design disclosed in an application for registration of that industrial design, having the following

filing date:

priority date:

being an industrial design for:
(products)

created by:

Name:

Address:

A copy of the reproduction of the industrial design accompanies this Certificate.

Dated this, day of 20.....

Registrar



FORM 9
APPLICATION FOR REGISTRATION OF LAYOUT DESIGNS OF INTERGRATED
CIRCUITS
(regulation (30))

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
To: The Registrar [Address]	<p align="right">For Official Use</p> Date of Receipt by Registrar's Office: APPLICATION No.: <p align="right">(Office's Stamp)</p> FILING DATE: Applicant's or Representative's File Reference:
THE APPLICANT(S) REQUEST(S) THAT THE ACCOMPANYING LAYOUT DESIGN BE REGISTERED IN RESPECT OF THE FOLLOWING PARTICULARS:	
<p>¹ APPLICANT(S)*</p> Additional information is contained in supplementary box <input type="checkbox"/> <p>Name:</p> <p>Address:</p> <p>Nationality:</p> <p>Country of residence or principal place of business:</p> <p>Tel. No.: Telegraphic Address: Telex No.: Fax No.:</p>	

The data concerning each applicant must appear in this box or, if the space is insufficient, in the supplementary box.

Form 9 (cont'd)

II. AGENT			
The following agent has been appointed by the applicant(s) in the power of attorney			
<input type="checkbox"/>	accompanying this Form	<input type="checkbox"/>	to be filed within one month from the filing of this Form
Name:			
Address:			
Tel. No.:	Telegraphic Address:	Telex No.:	Fax No.:
III. REPRESENTATIONS OF THE LAYOUT DESIGN; SPECIMEN			
This Form is accompanied by			
<input type="checkbox"/>	four graphic representations		
<input type="checkbox"/>	four drawings or tracings		
<input type="checkbox"/>	a specimen of the layout design		
IV. CREATOR			
<input type="checkbox"/>	The creator is the applicant	Additional information is contained in supplementary box	<input type="checkbox"/>
If creator is not the applicant:			
Name:			
Address:			
The statement justifying the applicant's right accompanies this form <input type="checkbox"/>			

(Form 9, second page)

Form 9 (cont'd)

<p>V. PRODUCTS</p> <p>The kind of products for which the layout design is to be used is (are) the following:</p>
<p>VI. EXPLOITATION</p> <p>Date of first exploitation:</p> <p>Country of first exploitation:</p> <p>VI. PRIORITY CLAIM (if any)</p> <p>The priority of an earlier application is claimed as follows:</p> <p>Country: Filing Date:</p> <p style="text-align: right;">Application No.:</p> <p>The priority of more than one earlier application is claimed; the data are indicated in the supplementary box <input type="checkbox"/></p> <p>The certified copy of the earlier application</p> <p><input type="checkbox"/> accompanies this Form</p> <p><input type="checkbox"/> will be furnished within three months of the filing of this Form</p>
<p>VII. FEES accompany this Form <input type="checkbox"/></p>
<p>VIII. SUPPLEMENTARYBOX*</p>

* Use this box if any of the boxes is not large enough to contain information to be furnished. Indicate the boxes continued in this box by their Roman numerals and title (e.g., "II. APPLICANT(S) (continued)").

Form 9 (cont'd)

SUPPLEMENTARY BOX (cont'd)
<p>IX. SIGNATURE(S)</p> <p style="text-align: center;">..... (Applicant(s)/Agent*) (Date)</p> <p style="text-align: center;">..... (Applicant(s)/Agent*) (Date)</p>
<p>* Type name(s) under signature and delete whichever does not apply.</p> <p style="text-align: center;">TO BE FILLED IN BY THE REGISTRAR</p> <ol style="list-style-type: none">1. Date application received: 2. Date of receipt of corrections, later filed papers completing the application: 3. Date fees received:

(Form 9, fourth and last page)



FORM 10
CERTIFICATE OF REGISTRATION OF A LAYOUT DESIGN
(regulation 33 (1))

MARKS, PATENTS AND DESIGNS OFFICE

INDUSTRIAL PROPERTY ACT, 2010

In accordance with section 68 (2) (a) of the Industrial Property Act, 2010, it is hereby certified that the layout design having the registration

No. has been registered for:

Name:

Address:

on..... (date)

in respect of the layout design disclosed in an application for registration of that the layout design, having the following

filing date:

priority date:

being the layout design for:
(products)

created by:

Name:

Address:

A copy of the reproduction of the layout design accompanies this Certificate.

Dated this, day of, 20.....

.....

Registrar



FORM 11
APPLICATION FOR REGISTRATION OF A MARK
(regulation 34 (a))

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
<p>To: The Registrar [Address]</p>	<p style="text-align: center;">For Official Use</p> <p>Date of Receipt by Registrar's Office:</p> <p>APPLICATION No.: (Office's Stamp)</p> <p>FILING DATE:</p> <p>Applicant's or Representative's File Reference:</p>
<p>I. THE APPLICANT(S) REQUEST(S) THE REGISTRATION OF A MARK IN RESPECT OF THE FOLLOWING PARTICULARS:</p> <p>Name:</p> <p>Address:</p> <p>Nationality:</p> <p>Country of residence or principal place of business:</p> <p>Tel. No.: Telegraphic Address: Telex No.: Fax No.:</p>	
<p>II. AGENT</p> <p>The following agent has been appointed by the applicant(s) in the power of attorney <input type="checkbox"/> accompanying this Form <input type="checkbox"/> to be filed within one month from the filing of this Form</p> <p>Name:</p> <p>Address:</p> <p>Tel. No.: Telegraphic Address: Telex No.: Fax No.:</p>	

(Form 11, first page)

Form 11 (cont'd)

<p>III. COLLECTIVE MARK</p> <p>This application for registration concerns a collective mark <input style="float: right;" type="checkbox"/></p> <p>The regulations governing the use of the collective mark are attached <input style="float: right;" type="checkbox"/></p>	
<p>IV. REPRODUCTION OF MARK</p>	<p>Three additional reproductions on separate sheet are affixed <input type="checkbox"/></p> <p>Transliteration accompanies application <input type="checkbox"/></p> <p>Translation accompanies application <input type="checkbox"/></p> <p>Fees accompany application <input type="checkbox"/></p>
<p>V. CLASSES</p> <p>Registration is requested in respect of the following goods and/or services, listed under the applicable classes of the International Classification:</p>	
<p>VI. ADDITIONAL INFORMATION accompanies this Form (specify)</p>	
<p>VII. SIGNATURE(S)</p> <p style="text-align: right;">..... (Applicant(s)/Agent)** (Date)</p> <p style="text-align: right;">..... (Applicant(s)/Agent)** (Date)</p>	

* Continue on a separate sheet, if the space provided is insufficient.

** Type name(s) under signature and delete whichever does not apply.



FORM 12
NOTICE OF OPPOSITION FOR THE REGISTRATION OF A MARK
(regulation 41 (2 (a))

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
To: The Registrar [Address]	For Official Use Notice received on: No. of Opposition: <hr/> Opponent's or Representative's File Reference:
In the matter of Application No. for registration of a mark I/We*, of give notice of our opposition to the registration of the above identified mark published for Class(es) in the Official Journal of the day of 20, No., page	
The grounds for this opposition are as follows:**	

* Delete whichever does not apply.

** Continue on a separate sheet, if the space provided is insufficient.

C.744

Form 12 (cont'd)

Name of agent (if any):

Address of Agent:

Supporting evidence accompanies this Form.

Power of attorney accompanies this Form.

Fees accompany this Form.

Signature (Opponent(s)/Agent)* Date

..... (Opponent(s)/Agent)* Date

* Delete whichever does not apply and type name(s) under signature.

(Form 12, second and last page)

Form 14 (cont'd)

<p>III. COLLECTIVE MARK</p> <p>This application for registration concerns a collective mark <input style="float: right;" type="checkbox"/></p> <p>The regulations governing the use of the collective mark are attached <input style="float: right;" type="checkbox"/></p>	
<p>IV. REPRODUCTION OF MARK</p>	<p>Three additional reproductions on separate sheet are affixed <input type="checkbox"/></p> <p>Transliteration accompanies application <input type="checkbox"/></p> <p>Translation accompanies application <input type="checkbox"/></p> <p>Fees accompany application <input type="checkbox"/></p>
<p>V. CLASSES</p> <p>Registration is requested in respect of the following goods and/or services, listed under the applicable classes of the International Classification:*</p>	
<p>VI. ADDITIONAL INFORMATION accompanies this Form (specify)</p>	
<p>VII. SIGNATURE(S)</p> <p style="text-align: right;">..... (Applicant(s)/Agent)** (Date)</p> <p style="text-align: right;">..... (Applicant(s)/Agent)** (Date)</p>	

* Continue on a separate sheet, if the space provided is insufficient.

** Type name(s) under signature and delete whichever does not apply.



FORM 15
APPLICATION TO REMOVE A MARK ON GROUNDS OF NON-USE
(regulation (45))

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
To: The Registrar [Address]	For Official Use Notice received on: No. of Opposition:
Opponent's or Representative's File Reference:	
In the matter of Application No. for registration of a mark I/We* of make an application to remove from the register a mark of the above identified mark published for Class(es) in the Official Journal of the day of 20, No., page	
The grounds for removal of a mark for non-use are as follows:**	

* Delete whichever does not apply.

** Continue on a separate sheet, if the space provided is insufficient.

Form 15 (cont'd)

Name of agent (if any):

Address of Agent:

Supporting evidence accompanies this Form.

Power of attorney accompanies this Form.

Fees accompany this Form.

Signature (Opponent(s)/Agent)* Date

..... (Opponent(s)/Agent)* Date

* Delete whichever does not apply and type name(s) under signature.

(Form 15, second and last page)



FORM 16
APPLICATION TO TRANSFORM AN INTERNATIONAL REGISTRATION OF A
MARK
(regulation (51))

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
<p>To: The Registrar [Address]</p>	<p style="text-align: center;">For Official Use</p> <p>Date of Receipt by Registrar's Office:</p> <p>APPLICATION No.: _____ <div style="text-align: right;">(Office's Stamp)</div></p> <p>FILING DATE:</p> <p>Applicant's or Representative's File Reference:</p>
<p>I. THE APPLICANT(S) REQUEST(S) THE REGISTRATION OF A MARK IN RESPECT OF THE FOLLOWING PARTICULARS:</p> <p>Name:</p> <p>Address:</p> <p>Nationality:</p> <p>Country of residence or principal place of business:</p> <p>Tel. No.: Telegraphic Address: Telex No.: Fax No.:</p>	
<p>II. AGENT</p> <p>The following agent has been appointed by the applicant(s) in the power of attorney <input type="checkbox"/> accompanying this Form <input type="checkbox"/> to be filed within one month from the filing of this Form</p> <p>Name:</p> <p>Address:</p> <p>Tel. No.: Telegraphic Address: Telex No.: Fax No.:</p>	

Form 16 (cont'd)

III. Statement that the application is made by transformation

IV. International registration no:

V. Date of international registration:.....

VI. Date of cancellation of the international registration
.....

VII. Priority claimed in the international registration

III. COLLECTIVE MARK

This application for registration concerns a collective mark

The regulations governing the use of the collective mark are attached

IV. REPRODUCTION OF MARK

Three additional reproductions on separate sheet are affixed

Transliteration accompanies application

Translation accompanies application

Fees accompany application

V. CLASSES

Registration is requested in respect of the following goods and/or services, listed under the applicable classes of the International Classification.*

Continue on a separate sheet, if the space provided is insufficient.

VIII. FEES	
VIII. SIGNATURE(S)	
..... (Applicant(s)/Agent)** (Date)
..... (Applicant(s)/Agent)** (Date)

Continue on a separate sheet, if the space provided is insufficient.
Type name(s) under signature and delete whichever does not apply.

(Form 16, last page)



FORM 17
APPLICATION FOR REGISTRATION OF GEOGRAPHICAL INDICATION
(Regulation 53 (a))

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
To: The Registrar [Address]	<p style="text-align: right;">For Official Use</p> Date of Receipt by Registrar's Office: APPLICATION No.: (Office's Stamp) FILING DATE: Applicant's or Representative's File Reference:
<p>I. THE APPLICANT(S) REQUEST(S) THE REGISTRATION OF A GEOGRAPHICAL INDICATION IN RESPECT OF THE FOLLOWING PARTICULARS:</p> <p>Name:</p> <p>Address:</p> <p>Nationality:</p> <p>Country of residence or principal place of business:</p> <p>Tel. No.: Telegraphic Address: Telex No.: Fax No.:</p>	
<p>II. AGENT</p> <p>The following agent has been appointed by the applicant(s) in the power of attorney <input type="checkbox"/> accompanying this Form <input type="checkbox"/> to be filed within one month from the filing of this Form</p> <p>Name:</p> <p>Address:</p> <p>Tel. No.: email address: Fax No.:</p>	

C.754

Form 17 (cont'd)

III. CERTIFYING AUTHORITY	
Name:	
Address:	
Tel. No.:	email address:
	Fax No.:
	<input type="checkbox"/>
	<input type="checkbox"/>
IV. REPRODUCTION OF GEOGRAPHICAL INDICATION	
Three additional reproductions on separate sheet are affixed	<input type="checkbox"/>
Transliteration accompanies application	<input type="checkbox"/>
Translation accompanies application	<input type="checkbox"/>
Fees accompany application	<input type="checkbox"/>
V. STATUS IN THE COUNTRY OF ORIGIN (evidence of protection in the country of origin, refer to section 106 (1) e.)	
VI. PRODUCTS	
The kind of products for which the geographical indication is to be used is (are) the following:	
VII. SPECIFICATION	
specimen containing the following —	
Name and description of the product to which the Geographical Indication applies,	<input type="checkbox"/>
Definition of geographical area from which the designated product originates,	<input type="checkbox"/>
	<input type="checkbox"/>

<p>Evidence that the product originates in the defined geographical area.</p> <p>A description of the method of obtaining or producing the product, including as appropriate, the traditional local methods, and information concerning packaging if it is claimed that the packaging is relevant to the claimed characteristics or required to safeguard the quality or ensure the genuine origin of the product, <input type="checkbox"/></p> <p>Details bearing out the link between the quality or characteristics of the product and its geographical origin, <input type="checkbox"/></p>
<p>VIII. ADDITIONAL INFORMATION accompanies this Form (specify)</p>
<p>VIII. SIGNATURE(S)</p> <p>..... (Applicant(s)/Agent)** (Date)</p> <p>..... (Applicant(s)/Agent)** (Date)</p>

* Continue on a separate sheet, if the space provided is insufficient.
** Type name(s) under signature and delete whichever does not apply.



FORM 18
NOTICE OF OPPOSITION FOR THE REGISTRATION OF A GEOGRAPHICAL
INDICATION
(regulation 56 (2) (a))

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
To: The Registrar [Address]	For Official Use Notice received on: No. of Opposition:
Opponent's or Representative's File Reference:	
<p>In the matter of Application No. for registration of a geographical indication I/We*, of give notice of our opposition to the registration of the above identified geographical indication published for Class(es) in the Official Journal of the day of 20, No., page</p> <p>The grounds for this opposition are as follows:**</p>	

* Delete whichever does not apply.
 ** Continue on a separate sheet, if the space provided is insufficient.

Form 18 (cont'd)

Name of agent (if any):
Address of Agent:

Supporting evidence accompanies this Form.

Power of attorney accompanies this Form.

Fees accompany this Form.

Signature (Opponent(s)/Agent)* Date

..... (Opponent(s)/Agent)* Date

* Delete whichever does not apply and type name(s) under signature.

(Form 18, second and last page)



FORM 19

**CERTIFICATE OF REGISTRATION OF GEOGRAPHICAL
INDICATION**
(regulation 57 (1))

MARKS, PATENTS AND DESIGNS OFFICE
INDUSTRIAL PROPERTY ACT, 2010

In accordance with section 110 (1) (b) of the Industrial Property Act, 2010, it is hereby certified that the geographical indication shown below

Has been registered under No.
as of the
in respect of the following products
originating from.....
in the name of
address
Dated this day of 20.....

.....
Registrar

* Delete if necessary.
** Insert/attach reproduction of the mark.
*** Continue on separate sheet, if the space provided is insufficient.



FORM 20
REQUEST FOR REGISTRATION OF TRADITIONAL KNOWLEDGE
(regulation (59))

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
To: The Registrar [Address]	<div style="text-align: right; font-weight: bold;">For Official Use</div> Date of Receipt by Registrar's Office: APPLICATION No.: <div style="text-align: center; margin-top: 10px;">(Office's Stamp)</div> FILING DATE: Applicant's or Representative's File Reference:
THE APPLICANT(S) REQUEST(S) THE REGISTRATION OF TRADITIONAL KNOWLEDGE IN RESPECT OF THE FOLLOWING PARTICULARS:	
I. TITLE OF THE TRADITIONAL KNOWLEDGE:	
II. APPLICANT(S)* Additional information is contained in supplementary box <input type="checkbox"/> Name: Address: Nationality: Country of residence or principal place of business: Tel. No.: Telegraphic Address: Telex No.: Fax No.:	

* The data concerning each applicant must appear in this box or, if the space is insufficient, in the supplementary box.

(Form 20, first page)

Form 20 (cont'd)

III. COMMUNITY REPRESENTATIVE/AGENT

The following agent/community representative has been appointed by the applicant(s) in the Power of Attorney/letter of authorization by community.

accompanying this Form

to be filed within one month from the filing of this Form

Name:

Address:

Tel. No.:

Telegraphic Address:

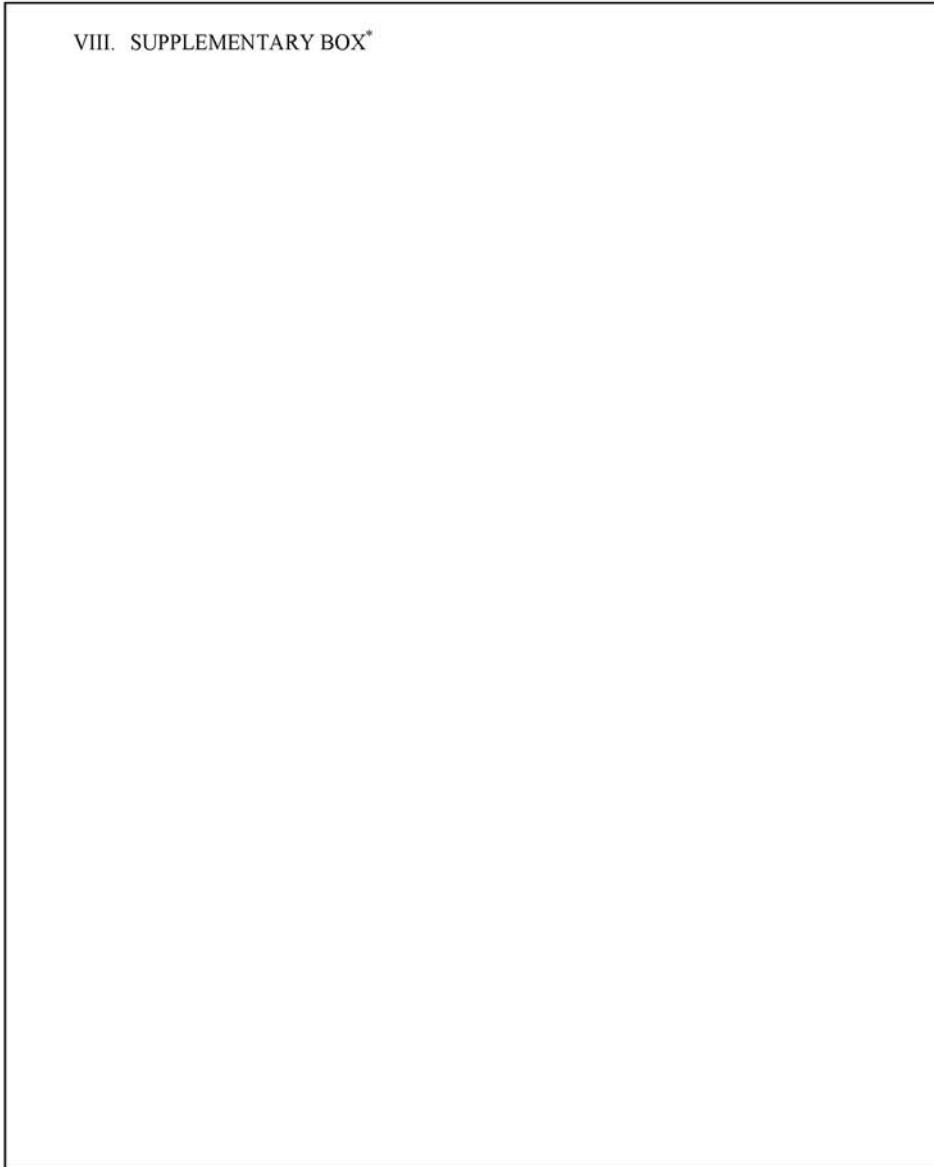
Telex No.:

Fax No.:

IV. DESCRIPTION OF TRADITIONAL KNOWLEDGE

Form 20 (cont'd)

VIII. SUPPLEMENTARY BOX*



* Use this box if any of the boxes is not large enough to contain information to be furnished. Indicate the boxes continued in this box by their roman numerals and title (e.g., "II. APPLICANT(S) (continued)").

C.762

Form 20 (cont'd)

IX. CHECKLIST (TO BE FILLED IN BY THE APPLICANT(S))	
A. This application contains the following:	B. This Form, as filed, is accompanied by the items ticked below:
1. request sheet(s)	<input type="checkbox"/> separate signed power of attorney
2. description sheet(s)	<input type="checkbox"/> statement justifying the applicant's right
<input type="checkbox"/> application fee	
<input type="checkbox"/> other document(s) (specify)	
Total <input type="checkbox"/> sheets	
X. SIGNATURE(S)*	
..... (Applicant(s)/Agent) (Date)
..... (Applicant(s)/Agent) (Date)
* Type name(s) under signature.	

(Form 20, fourth and last page)



FORM 21
APPLICATION FOR REGISTRATION OF A HANDICRAFT
(regulation (60))

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
To: The Registrar [Address]	<div style="text-align: right; font-weight: bold;">For Official Use</div> Date of Receipt by Registrar's Office: APPLICATION No.: <div style="text-align: right;">(Office's Stamp)</div> FILING DATE: Applicant's or Representative's File Reference:
THE APPLICANT(S) REQUEST(S) THAT THE ACCOMPANYING HANDICRAFT BE REGISTERED IN RESPECT OF THE FOLLOWING PARTICULARS:	
<p>I. APPLICANT(S)*</p> <p>Name:</p> <p>Address:</p> <p>Nationality:</p> <p>Country of residence or principal place of business:</p> <p style="text-align: center;">Tel. No.: Telegraphic Address: Telex No.: Fax No.:</p>	

* The data concerning each applicant must appear in this box or, if the space is insufficient, in the supplemental box.

C.764

Form 21 (cont'd)

II. AGENT

The following agent has been appointed by the applicant(s) in the power of attorney

accompanying this Form to be filed within one month from the filing of this Form

Name:

Address:

Tel. No.: Telegraphic Address: Telex No.: Fax No.:

III. REPRESENTATIONS OF THE HANDICRAFT

This Form is accompanied by

four representations of handicraft

IV. CREATOR

The creator is the applicant

If creator is not the applicant:

Name:

Address:

The statement justifying the applicant's right accompanies this form

Form 21 (cont'd)

V. PRODUCTS	
VI. PRODUCT DESCRIPTION	
Description should include the following:	
General characteristics of the use	
Method of making	
Preparation and use of raw materials	
General description of the history and evolution of the handicraft	
VII. FEES	accompany this Form <input type="checkbox"/>

Form 21 (third page)

C.766

Form 21 (cont'd)

IX. SIGNATURE(S)

..... (Applicant(s)/Agent*)
(Date)

..... (Applicant(s)/Agent*)
(Date)

* Type name(s) under signature and delete whichever does not apply.

TO BE FILLED IN BY THE REGISTRAR

1. Date application received:

2. Date of receipt of corrections, later filed papers completing the application:

3. Date fees received:

(Form 21, fourth and last page)



FORM 22
RECORDAL OF CHANGE IN OWNERSHIP
(regulation 62 (1))

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
To: The Registrar [Address]	For Official Use Received on:
Applicant's or Representative's File Reference:	
I. IN THE MATTER OF:	
Patent Application No.:	Filing Date:
Application for Utility Model Certificate No.:	Filing Date:
Application for Registration of Industrial Design No.:	Filing Date:
Application for Registration of Mark No.:	Filing Date:
Patent No.:	Date of Grant:
Utility Model Certificate No.:	Date of Grant:
Industrial Design No.	Date of Registration:
Mark No.:	Date of Registration:
II. APPLICANT(S)/OWNER(S)* Name: Address:	
III. REQUEST The Registrar is hereby requested to record the change in ownership of the above-identified** The present applicant(s)/owner(s)* is/are identified above. The new applicant(s)/new owner(s)* is/are identified below.	

* Delete whichever does not apply.

** Indicate application or title concerned.

(Form 22, first page)

Form 22 (cont'd)

<p>IV. NEW APPLICANT(S)/NEW OWNER(S)*</p> <p>Name:</p> <p>Address:</p> <p>Nationality:</p> <p>Country of residence or principal place of business:</p> <p>Tel. No.: Telegraphic Address: Telex No.: Fax No.:</p>			
<p>V. ADDITIONAL INFORMATION</p> <p>The following items accompany this Form:</p> <p><input type="checkbox"/> The original or a certified copy of the document evidencing the change of ownership, signed by or on behalf of the contracting parties</p> <p><input type="checkbox"/> other documents evidencing the change in ownership (specify)</p> <p><input type="checkbox"/> fees</p> <p><input type="checkbox"/> other (specify)</p> <p><input type="checkbox"/> approval of the Minister**</p>			
<p>VI. SIGNATURES</p> <p>..... (New Applicant(s)/New Owner(s)***)</p> <p>..... (New Applicant(s)/New Owner(s)***) (Date)</p> <p>..... (Applicant(s)/Owner(s)***)</p> <p>..... (Applicant(s)/Owner(s)***) (Date)</p>			

* Delete whichever does not apply.
 ** Required where the request is in respect of a collective mark or application therefor.
 *** Delete whichever does not apply and type name(s) under signature.



FORM 23
NOTICE OF INVALIDATION
(all provisions relating to invalidation)

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
To: The Registrar [Address]	For Official Use Notice received on: No. of invalidation: Interested Party File Reference:
IN THE MATTER OF:	
Patent No.:	Grant Date:
Utility Model No.:	Grant Date:
Industrial Design No.:	Registration Date:
Trademark No.:	Registration Date:
Geographical Indication No.:	Registration Date:
Layout Design No.:	Registration Date:
Traditional Knowledge And Handicraft No.:	Registration Date:
I/We*, of give notice of our invalidation to the registration of the above identified published for Class(es) in the Official Journal of the day of 20, No., page.....	
The grounds for this invalidation are as follows:**	

* Delete whichever does not apply.

** Continue on a separate sheet, if the space provided is insufficient.

C.770

Name of agent (if any):
Address of Agent:

Supporting evidence accompanies this Form.

Power of attorney accompanies this Form.

Fees accompany this Form.

Signature (Interested Party/Agent)* Date

.....(Interested Party Agent)* Date

* Delete whichever does not apply and type name(s) under signature.



SECOND SCHEDULE – FEES

(all provisions relating to fees)

FEES FOR PATENTS, UTILITY MODEL CERTIFICATES, MARKS, DESIGNS,
GEOGRAPHICAL INDICATIONS, LAYOUT DESIGNS, TRADITIONAL KNOWLEDGE

<i>Matter or Proceeding</i>	<i>Amount of Fee in Pula</i>	
	Application by individuals or small entities	Application by bodies other than small entities
Patent and Utility Model Certificates		
1. Application and Publication fee for a patent	150	300
2. Each divisional application for a patent (Form 1)	150	300
3. Application for a utility model certificate (Form 1)	90	180
4. Each divisional application for a utility model certificate (Form 1)	90	180
5. Amendment of application at instance of Applicant	20	40
6. Preparation of abstract by Registrar	20	40
7. Grant and publication fee	150	300
8. Annual fees for patents:		
1st anniversary of filing	30	60
2nd anniversary of filing	120	240
3rd anniversary of filing	150	300
4th anniversary of filing	170	340
5th anniversary of filing	200	400
6th anniversary of filing	220	440
7th anniversary of filing	240	480
8th anniversary of filing	270	540
9th anniversary of filing	290	580
10th anniversary of filing	320	640
11th anniversary of filing	340	680
12th anniversary of filing	360	720
13th anniversary of filing	390	780
14th anniversary of filing	410	820
15th anniversary of filing	440	880
16th anniversary of filing	460	920

16th anniversary of filing	460	920
17th anniversary of filing	480	960
18th anniversary of filing	510	1020
19th anniversary of filing	530	1060
20th anniversary of filing	560	1120
9. Annual fees for utility model certificates:		
1st anniversary of filing	50	100
2nd anniversary of filing	60	120
3rd anniversary of filing	70	140
4th anniversary of filing	80	160
5th anniversary of filing	90	180
6th anniversary of filing	100	200
7th anniversary of filing	110	220
10. Surcharge for late payment of annual fee		
	50	100
11. Request for extension of duration of a patent		
	310	620
12. Request for grant of a compulsory licence		
	120	240
13. Request for conversion of a patent application into an application for a utility model certificate and <i>vice versa</i>		
	70	140
Industrial Designs		
14. Application fee		
(a) for registration of one design in one application	40	80
(b) for registration of each additional design in one application	20	40
15. Amendment of application on request of Applicant		
	25	50
16. Registration and publication fee		
	75	150
17. Renewal fee:		
(a) first renewal	80	160
(b) second renewal	90	180
18. Surcharge for late payment of renewal Fee		
	50	100
19. Inspection of a registered design		
	50	100
Marks		

20. Application fee:		
(a) for registration of a black and white mark in one class	150	300
(b) for registration of a coloured mark in one class	180	360
(c) for registration of mark in each additional class	30	60
21. Application Publication fee:	90	180
22. Request for statement of grounds for decision of Registrar	120	240
23. Filing notice of opposition	30	60
24. Filing counter-statement	30	60
25. Fee for hearing in opposition proceedings (to be paid by applicant and by opponent)	50	100
26. Registration fee	180	360
27. Renewal fee:		
(a) for mark in one class	120	240
(b) for a mark in each additional class	40	80
28. Surcharge for late payment or renewal fee	60	120
29. Amendment of application on request of Applicant	40	80
30. Filing request for removal of mark from Register on grounds of non-use	50	100
31. Re-instatement fee	300	600
32. Submission of Licensing contract		
(a) for one registration	80	160
(b) for additional registration (in terms of section 92 (5))	30	60
33. Request for replacement of an internationally registered mark (under the Madrid Protocol)	1050	

C.774

34. Request for transformation of an international registration into a national registration	1050	2100
Layout Designs		
35. Application for a Layout designs of Integrated circuits (Form 11)	120	240
36. Amendment of application on request of Applicant	30	60
37. Registration and publication fee	140	280
Geographical Indication		
38. Application fee	250	500
39. Publication fee	90	180
40. Filing fee for notice of opposition	50	100
41. Filing fee for counter statement	30	60
42. Registration fee	180	360
43 Amendment of application on request of Applicant	40	80
Traditional Knowledge and Handicrafts		
44 Registration and publication fee	120	240
General		
45. Filing request for recordal of change in Ownership	80	160
46. Submission for recordal of license contract	80	160
47. Amendment of application at instance of Applicant	30	60
48. Certified copies of documents (per page)	10	20
49. Uncertified copies of documents (per page)	5	10
50. Change of address of proprietor/address for service	40	80

51. Filing request for hearing	80	160
52. Transmittal fees	300	600
53. Sale of Publication (Journal)	75	
54. Request for invalidation (Form 17)	180	360
55. Correction of errors	30	60
56. Filing request for extension of time	80	160
57. Change of name	40	80

“Small entities” means any business concern —

- (i) Whose number of employees including those of its affiliates does not exceed 100 persons; and
- (ii) Which has not assigned, granted, conveyed, or licensed the title of protection or the right thereto, and is under no obligation under contract or law to do so.

The above-mentioned regarding the obligation to assign, etc, also applies to individuals. The Registrar shall determine whether any entity is eligible as a small entity.

MADE this 13th day of July, 2012.

DORCUS MAKGATO MALESU,
Minister of Trade and Industry.