

**MODEL INTERNATIONAL FORM  
UNDER THE PATENT LAW TREATY (PLT)**

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**REQUEST FOR THE GRANT OF  
A PATENT**

\* Indicate name of national or regional patent Office that is requested to grant a patent.

For Office use only
Application No.
Filing Date

Applicant's or representative's file reference (if desired)
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**Box No. I TITLE OF INVENTION**

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**Box No. II APPLICANT(S)**

<small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small>	Telephone No.
	Facsimile No.
	Registration No. or other indication registered with the Office

**E-mail authorization:** Marking one of the check-boxes below authorizes the Office to use the e-mail address indicated in this Box to send notifications issued in respect of this application to that e-mail address if the Office is willing to do so.

as advance copies followed by paper notifications; or  exclusively in electronic form (no paper notifications will be sent).

E-mail address:

State (that is, country) of nationality:	State (that is, country) of residence:
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Further applicants are indicated on the following sheet: Continuation of Box No. II

**Box No. III INVENTOR(S)**

The applicant(s) indicated in Box No. II is(are) the sole inventor(s) (if this check-box is marked, do not fill in the rest of Box No. III)

Name and address: (Family name followed by given name. The address must include postal code and name of country.)

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Further inventors are indicated on the following sheet: Continuation of Box No. III

<b>Continuation of Box No. II FURTHER APPLICANT(S)</b> <i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>	Telephone No.
	Facsimile No.
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Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>	Telephone No.
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State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:

**Continuation of Box No. III FURTHER INVENTOR(S)**

*If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address: *(Family name followed by given name. The address must include postal code and name of country.)*

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Name and address: *(Family name followed by given name. The address must include postal code and name of country.)*

**Box No. IV REPRESENTATIVE:** The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the Office as a representative

Name and address:	Telephone No.
	Facsimile No.
	Registration No. or other indication registered with the Office

**E-mail authorization:** Marking one of the check-boxes below authorizes the Office to use the e-mail address indicated in this Box to send notifications issued in respect of this application to that e-mail address if the Office is willing to do so.

as advance copies followed by paper notifications; or  exclusively in electronic form (no paper notifications will be sent).

E-mail address:

The person above represents all applicants.  
 If not, specify the applicant(s) who is(are) represented by the person above:

The power of attorney is attached       The appointment is made in this request Form       The power of attorney (No. ....) is already in the possession of the Office.

Further representatives are indicated on the following sheet: Continuation of Box No. IV

**Box No. V ADDRESS FOR CORRESPONDENCE OR LEGAL SERVICE**

Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i>	Telephone No.
	Facsimile No.

**E-mail authorization:** Marking one of the check-boxes below authorizes the Office to use the e-mail address indicated in this Box to send notifications issued in respect of this application to that e-mail address if the Office is willing to do so.

as advance copies followed by paper notifications; or  exclusively in electronic form (no paper notifications will be sent).

E-mail address:

**Box No. VI REGIONAL PATENT APPLICATION**

<p>If the application is filed under a treaty providing for the grant of regional patents, designate, if applicable, the State or States in which protection for the invention is sought:</p> <p><input type="checkbox"/> All member states of the international organization are designated.  <input type="checkbox"/> If not, specify the designated States:</p>	<p><input type="checkbox"/> Different applicants are designated for different States as follows:</p>
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**Continuation of Box No. IV FURTHER REPRESENTATIVE(S):** The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the Office as a representative.

*If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office

- The person above represents all applicants.  
 If not, specify the applicant(s) who is(are) represented by the person above:

- The power of attorney is attached       The appointment is made in this request Form       The power of attorney (No. ....) is already in the possession of the Office.

Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office

- The person above represents all applicants.  
 If not, specify the applicant(s) who is(are) represented by the person above:

- The power of attorney is attached       The appointment is made in this request Form       The power of attorney (No. ....) is already in the possession of the Office.

Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office

- The person above represents all applicants.  
 If not, specify the applicant(s) who is(are) represented by the person above:

- The power of attorney is attached       The appointment is made in this request Form       The power of attorney (No. ....) is already in the possession of the Office.

**Box No. VII DIVISIONAL APPLICATION; APPLICATION FOR A PATENT OF ADDITION OR APPLICATION OTHERWISE ASSOCIATED WITH ONE OR MORE OTHER APPLICATIONS**

The present application is:

- a divisional application
- an application for continuation
- an application for continuation-in-part
- an application for a patent of addition
- an application by new applicant(s) determined by the competent authority to be entitled to an invention contained in an earlier application

Filing date of the other application, or of the application for the other patent, associated with the present application:

Application or patent number of the other application or patent:

- Further applications or patents that are associated with the present application are indicated on the following sheet: Continuation of Boxes Nos. VII to IX

**Box No. VIII PRIORITY CLAIM:** The priority of the following earlier application(s) is hereby claimed

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		National application: country or Member of WTO	Regional application:* regional Office	International application: receiving Office
item (1)				
item (2)				
item (3)				

A certified copy of the following earlier application(s) is attached:

- all items                       item (1)                       item (2)                       item (3)

The applicant declares that a certified copy of the earlier application(s) identified above is available to the Office from the following digital library:

- all items                       item (1)                       item (2)                       item (3)

*\*Where the earlier application is a regional application and at least one of the countries party to the regional treaty is neither party to the Paris Convention nor a Member of the World Trade Organization, indicate at least one country party to that Convention or one member of that Organization for which the earlier application was filed:*

.....  
 .....  
 .....

- Further priority claims are indicated on the following sheet: Continuation of Boxes Nos. VII to IX

**Request for restoration of the right of priority:** the Office is requested to restore the right of priority based on the earlier application(s) identified above or in the Continuation Sheet of Box No. VIII as item(s) \_\_\_\_\_. The reasons for the failure to comply with the priority period are indicated on additional sheet No. \_\_\_\_\_.

**Incorporation by reference of missing parts:** where a part of the description or any drawing is not otherwise contained in this application but is contained completely in an earlier application whose priority is claimed on the date on which one or more elements required to grant a filing date were first received by the Office, that part is incorporated by reference in the present application for the purposes of establishing the filing date, subject to the requirements provided for under applicable national/regional law.

**Box No. IX FILING BY REFERENCE**

For the purposes of the filing date, the description and any drawings of the present application are replaced by this reference to the previously filed application, subject to the requirements provided for under applicable national/regional law.

Application number of the previously filed application	Filing date	Office

Further previously filed applications are indicated on the following sheet: Continuation of Boxes Nos. VII to IX

**Box No. X DECLARATIONS**

The following **declarations** are contained in Boxes Nos. X (i) to (v) (*mark the applicable check-boxes below and indicate in the right column the number of each type of declaration*).

		Number of declarations
<input type="checkbox"/> Box No. X (i)	Declaration as to the identity of the inventor	
<input type="checkbox"/> Box No. X (ii)	Declaration as to the applicant's entitlement, as at the filing date, to apply for and be granted a patent	
<input type="checkbox"/> Box No. X (iii)	Declaration as to the applicant's entitlement, as at the filing date, to claim the priority of the earlier application	
<input type="checkbox"/> Box No. X (iv)	Declaration of inventorship	
<input type="checkbox"/> Box No. X (v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty	

**Continuation of Boxes Nos. VII to IX**

*If none of the following sub-boxes is used, this sheet should not be included in the request.*

**Continuation of Box No. VII DIVISIONAL APPLICATION; APPLICATION FOR A PATENT OF ADDITION OR APPLICATION OTHERWISE ASSOCIATED WITH ONE OR MORE OTHER APPLICATIONS**

Filing date of the other application, or of the application for the other patent, associated with the present application:

Application or patent number of the other application or patent:

Filing date of the other application, or of the application for the other patent, associated with the present application:

Application or patent number of the other application or patent:

**Continuation of Box No. VIII PRIORITY CLAIM:** The priority of the following earlier application(s) is hereby claimed

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		National application: country or Member of WTO	Regional application:* regional Office	International application: receiving Office
item (4)				
item (5)				
item (6)				
item (7)				

A certified copy of the following earlier application(s) is attached:

item (4)       item (5)       item (6)       item (7)

The applicant declares that a certified copy of the earlier application(s) identified above is available to the Office from the following digital library:

item (4)       item (5)       item (6)       item (7)

*\*Where the earlier application is a regional application and at least one of the countries party to the regional treaty is neither party to the Paris Convention nor a Member of the World Trade Organization, indicate at least one country party to that Convention or one member of that Organization for which the earlier application was filed:*

.....  
 .....

**Continuation of Box No. IX FILING BY REFERENCE**

Application number of the previously filed application	Filing date	Office



**Box No. X (i) DECLARATION: IDENTITY OF THE INVENTOR**

Empty space for the declaration.

This declaration is contained on the following sheet, "Continuation of Box No. X (i)".

**Box No. X (ii)**

**DECLARATION: ENTITLEMENT TO APPLY FOR AND BE GRANTED A PATENT**

This declaration is contained on the following sheet, "Continuation of Box No. X (ii)".

**Box No. X (iii)**

**DECLARATION: ENTITLEMENT TO CLAIM PRIORITY**

This declaration is continued on the following sheet, "Continuation of Box No. X (iii)".

**Box No. X (iv)**

**DECLARATION: INVENTORSHIP**

This declaration is continued on the following sheet, "Continuation of Box No. X (iv)".

**Box No. X (v)    DECLARATION: NON-PREJUDICIAL DISCLOSURES OR EXCEPTIONS TO LACK OF NOVELTY**

This declaration is contained on the following sheet, "Continuation of Box No. X (v)".

**Continuation of Boxes Nos. X (i) to (v) DECLARATION**

*If the space is insufficient in any of Boxes Nos. X (i) to (v) to furnish all the information, including in the case where **more than two inventors are to be named** in Box No. X (iv), in such case, write "Continuation of Box No. X ..." (indicate the item number of the Box) and furnish the information in the same manner as required for the purposes of the Box in which the space was insufficient. If additional space is needed in respect of two or more declarations, a separate continuation box must be used for each such declaration. If this Box is not used, this sheet should not be included in the request.*

<b>Box No. XI CHECK LIST</b>		
<p>This application <b>contains:</b> <b>on paper</b>, the following number of sheets:</p> <p>(a) request (including declaration sheets) : _____</p> <p>(b) description (excluding sequence listing part of the description, see (f) below) : _____</p> <p>(c) claims : _____</p> <p>(d) abstract : _____</p> <p>(e) drawings : _____</p> <p>(f) sequence listing part of the description (if any) : _____</p> <p><b>Total number of sheets</b> : _____</p>	<p>This application is <b>accompanied by</b> the following item(s) (<i>mark the applicable check-boxes below and indicate in right column the number of each item</i>):</p> <p>1. <input type="checkbox"/> original power of attorney : _____</p> <p>2. <input type="checkbox"/> copy of general power of attorney or single power of attorney that covers this application; reference number, if any: ..... : _____</p> <p>3. <input type="checkbox"/> priority document(s) identified in Box No. VIII as item(s): ..... : _____</p> <p>4. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material : _____</p> <p>5. <input type="checkbox"/> other (<i>specify</i>): ..... : _____</p>	<p>Number of items</p>
<p><b>Figure of the drawings</b> which should accompany the abstract:</p>	<p>Language of filing <b>of the application</b>:</p>	
<p><b>Box No. XII SIGNATURE OR SEAL OF APPLICANT OR REPRESENTATIVE; DATE</b></p> <p><i>Next to each signature or seal, indicate the name of the person signing or whose seal is used and the capacity in which the person signs or whose seal is used (if such capacity is not obvious from reading the request) and the date of signature or of seal.</i></p>		