

SCHEDULE 2
(Regulation 4)
FORMS

REGISTRAR'S OFFICE, ANTIGUA AND BARBUDA

Form No. 1

For Officials Use

Date of Receipt by Registrar's Office

THE INDUSTRIAL DESIGNS ACT, 2003

APPLICATION No:

(Office Stamp)

**APPLICATION FOR REGISTRATION
OF INDUSTRIAL DESIGN**

To: The Registrar
Antigua and Barbuda

FILING DATE

Applicants or Representatives File
Reference

THE APPLICANT(S) REQUEST THAT THE ACCOMPANYING INDUSTRIAL DESIGN BE REGISTERED IN RESPECT OF THE FOLLOWING PARTICULARS:

- I. Applicant(s) (the data concerning each applicant must appear in this box or, if the space is insufficient in the supplemental box. Additional information is contained in supplemental box.
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Name.....

Address.....

Nationality.....

Country of Residence or principal place of business:

.....

Telephone..... Fascimile Email

II. AGENT

The following agent has been appointed by the applicant(s) in the power of the attorney accompanying this Form to be filed within one month from the filing of this Form

Name.....

Address.....

Telephone..... Facsimile Email

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
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IV. PRODUCTS

The kind of products for which the industrial design is to be used is (are) the following:

V. 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 supplemental box.

The certified copy of the earlier application.

Accompanies this Form

Will be furnished within three months of the filing of this Form.

VI. FEES accompanying this form

VII. SUPPLEMENTAL BOX*

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VIII. Signature (Applicant/Agent) (Date)

Print Name

Applicant/Agent

(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:

* 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.

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