

SCHEDULE II
INTELLECTUAL PROPERTY OFFICE, ANTIGUA AND BARBUDA

Form No.1
Patents ACT

REQUEST OF GRANT OF PATENT
OR UTILITY CERTIFICATE

For Official use
Date of Receipt by
Intellectual Property
Office:

APPLICATION No:

To: The Registrar
Intellectual Property Office

(Office's Stamp)

FILING DATE

Applicants or Representative
File Reference:

THE APPLICANTS REQUEST

THE GRANT OF A PATENT

THE GRANT OF A UTILITY

CERTIFICATE

IN RESPECT OF THE FOLLOWING PARTICULARS:

I. TITLE OF INVENTION:.....

II. APPLICANT(S)

Additional information is contained in supplemental box.

Name

Address (es)

Nationality/Nationalities

Country/countries of residence or principal place of business:

.....

Tel No:.....Fax No:.....Email:.....

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

Address for service in Antigua and Barbuda*

III. Agent

The following agent has been appointed by the applicant in the authorization of agent

Accompanying this form to be filed within two months from the filing of this Form

Name

Address

Tel No:.....Fax No:.....E-mail:.....

IV INVENTOR

The inventor is the applicant Additional information is contained in supplemental box

If inventor is not the applicant

Name

Address:

The statement justifying the applicant's right accompanies this Form

V DIVISIONAL APPLICATION

This application is a divisional application Filing date

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

Initial Application No. :.....

Date of filing of initial application :.....

Where an attorney at law or a patent agent has been appointed, his address shall be treated as the address to which communications shall be transmitted.

VI DISCLOSURES TO BE DISRTGARDED FOR PRIOR ART PURPOSES

- Disclosure occurred not more than one year before the filing date or priority date of the present application
- by reason or in consequence of acts of the applicant or his predecessor; in title.
- Of an abuse committed by a third party with regard to the rights of the applicant or his predecessor in title.
- Additional information in a statement accompanying this Form

VII PRIORITY DECLARATION (if any)

The priority of (an) earlier application(s) is claimed as follows

The priority of more than one earlier application is claimed; the data are indicted in the supplemental box

Country (if the earlier application is a regional or international application, indicate the office with which and the countries for which it was filed):

.....

Filing Date.....

Application No.....

Symbol of the International Patent Classification:

.....

not yet allocated

- The certified copy of the earlier application accompanies this Form.
- will be furnished upon request by the Registrar as prescribed by section 20(2)
- has already been furnished with application No
- The English translation of the earlier application accompanies this Form
- Will be furnished upon request, as prescribed by section 20(3)

VIII SUPPLEMENTAL 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 by their roman numerals and title [e.g. APPLICANT(s) (continued)"]

IX CHECK LIST (TO BE FILLED IN BY THE APPLICANT)

A. This application contains following

B) This Form, as filed, is accompanied below by the items ticked

- 1. request.....sheet(s) separate signed authorization of agent
- 2. description.....sheet(s) statement justifying the applicants right
- 3. claim(s)sheet(s) statement that certain disclosures be disregarded
- 4. abstract.....sheet(s) priority document(s) [certified copy of earlier application(s)]
- 5. drawing(s)sheet(s) English translation of earlier application(s) on which priority declaration is based.

Total sheet(s)

C. Figure number Of the drawings (if any) is suggested to accompany the abstract for publication

- Application fee
- Other document(s) (specify)
See supplemental Box

X. SIGNATURE(S)

Date

.....
{Name}

.....
agent or applicant

Type name(s) under signature(s). Indicate whether agent or applicant

TO BE FILLED IN BY THE REGISTRAR

1. Date of receipt or corrections or later filed documents completing the application:

.....

2. Date fees received:

(Form No. 1, fifth and last page).