

**REQUEST FOR THE REGISTRATION  
OF A UTILITY MODEL**

THE UNDERSIGNED HEREBY REQUEST THAT THIS  
UTILITY MODEL APPLICATION BE REGISTERED

(The following is to be filed in by the Intellectual  
Property Office)

APPLICATION No.:

FILING DATE:

Date of Receipt:

**Box No. 1 TITLE OF THE UTILITY MODEL**

**Box No. II APPLICANT** (WHETHER OR NOT ALSO MAKER). Use this box for indicating the applicant or, if there are several applicants, one of them. If more than one person (includes, where applicable, a legal entity) is involved, continue in supplemental box.

The person in this box is (checked one only)       Applicant and inventor       Applicant only

Name and address:

Telephone number:  
(including area code)

Fax Address:

E-Mail address:

Country of nationality

Country of residence:

**Box No. III MAKER/S.** A separate sub-box has to be filled in respect of each person. If the following two sub-boxes are insufficient, continue in the "Supplemental Box." (giving there for each additional person the same indications as as those requested in the following two sub-boxes) or by using a " continuation sheet."

The person in this box is (checked one only)       applicant and maker       maker only

Name and address:

If the person identified in this sub-box is applicant (or applicant and maker) , indicate also:

Country of nationality:

Country of residence:

The person identified in this sub-box is (checked one only):      applicant and inventor      inventor only

If the person identified in this sub-box is applicant (or applicant and maker), indicate also:

Country of nationality:

Country of residence:

