**REQUEST FOR GRANT OF A PATENT**

***(Industrial Property Act of the Kingdom of Bhutan, 2001, Section 6 to 9 and Rule 10 to 21)***

**(For official use only)**

Application received on ……………………..

Application No……………………………….

Fee Received on………………………………

Amount……………………………………….

Cash/Cheque /Draft /Money order/Postal order No…………………………………………….

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| **THE APPLICANT (S) REQUEST (S) THE REGISTRATION OF PATENT IN RESPECT OF THE FOLLOWING PARTICULARS:** |
| **I. TITLE OF INVENTION:** |
| 1. **APPLICANT (s)**   (Use supplemental box if more than two)   * 1. **1st Applicant**   **Name - ……………………………………………………………**  **Postal Address - …………………………………………………………….**  **…………………………………………………………….**  **…………………………………………………………….**  **…………………………………………………………….**  **…………………………………………………………….**  **PIN Code ……………………………………………………...**  **Nationality ……………………...................................................**  **Country of Residence ...…………………………………………………….**  **Telephone Number ………………………………………………….......**  **Telefascimile Number ……………………………………………………...**  **E-Mail Address ……………………………………………………...**  **Contact Address**  **In Bhutan ………………………………………………………**  **………………………………………………………**  **………………………………………………………**  **Inventor Yes No**  **(If the applicant is the inventor please tick the box. If no, please fill column IV)** |

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| **B. 2nd Applicant**  **Name - ……………………………………………………………**  **Postal Address - …………………………………………………………….**  **…………………………………………………………….**  **…………………………………………………………….**  **…………………………………………………………….**  **…………………………………………………………….**  **PIN Code ……………………………………………………...**  **Nationality ……………………...................................................**  **Country of Residence ...…………………………………………………….**  **Telephone Number ………………………………………………….......**  **Telefascimile Number ……………………………………………………...**  **Contact Address**  **In Bhutan ………………………………………………………**  **………………………………………………………**  **………………………………………………………**  **………………………………………………………**  **Inventor Yes No**  **(If the applicant is the inventor please tick the box. If no, please fill column IV)** |
| **Declaration:**  **I/We hereby declare and claim to be the true**  **and the first inventor/legal representative of the true and first inventor of the invention for the said patent registration.**  **Date: …………………………………**  **Place: Name - ………………………………….**  **(1st Applicant/Legal Representative)**  **Name - ………………………………….**  **(2nd Applicant/Legal Representative) Name - .…………………………………**  **(3rd Applicant/Legal Representative)** |

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| **III. AGENT**  (Use supplemental box if more than one)  The following agent has been appointed by the applicant(s) in the power of attorney Name:  Address: Telephone No. Fax No.  E- Mail address:  Power of Attorney attached |
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| **IV. INVENTOR**  (Use supplemental box if more than one) If the applicant is not the inventor;  **Name of the Inventor ……………………………………………………………**  **Postal Address - …………………………………………………………….**  **…………………………………………………………….**  **…………………………………………………………….**  **…………………………………………………………….**  **…………………………………………………………….**  **PIN Code ……………………………………………………...**  **Nationality ……………………...................................................**  **Country of Residence ...…………………………………………………….**  **Telephone Number ………………………………………………….......**  **Telefascimile Number ……………………………………………………...**  **E-Mail Address ……………………………………………………...**  **Contact Address**  **In Bhutan ………………………………………………………**  **………………………………………………………**  **………………………………………………………**  **………………………………………………………**  **………………………………………………………**  **………………………………………………………**  **………………………………………………………**  The statement justifying the applicant’s right accompanies this form |

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| **V. DIVISIONAL APPLICATION (where applicable)**  (Use supplemental box if more than one)  This application is a divisional application  The benefit of the 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: |

# PRIORITY DECLARATION (where applicable)

(Use supplemental box if more than one)

The priority of (an) earlier application(s) is claimed as follows: The priority of more than one earlier application is claimed; The data is indicated below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Serial No. | Application No. | Date of Filing | Filing Office | Country of Filing | Status of the Application | International Patent Classification |
|  |  |  |  |  |  |  |

The certified copy of the earlier application(s)

Accompanies this Form

Will be furnished upon request by the registrar, as prescribed by Rule 20(5) The English translation of the earlier application

Accompanies this Form.

Will be furnished later, as prescribed by Rule 20

# 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 box by their roman numerals and the title (e.g., “II. APPLICANT(S) (continued)”).*

# VII. CHECKLIST [TO BE FILLED BY THE APPLICANT (S)]

1. This application is accompanied by the following:
   1. Description sheet(s)
   2. Claim(s) sheet(s)

Number of Claims………………….

* 1. Abstract sheet(s)
  2. Drawing(s) if any sheet(s)
  3. Figure number ………………………………….of the drawings (if any) is suggested to accompany the abstract for publication

TOTAL sheet(s)

1. This Form as filled, is accompanied by the items ticked below: Separate signed power of attorney

Statement justifying the applicant’s right Statement that certain disclosures be disregarded

Priority document(s) [certified copy of earlier application(s)]

English translation of earlier application(s) on which priority declaration is based

Application fee

Other document(s) [specify]

**IX. SIGNATURE(s)\***

………………………….. (Applicant(s)/Agents)………………………………………

(Date)

………………………..… (Applicant(s)/ Agents)…………………………………….

(Date)

\* Type name(s) under signature.

**TO BE FILLED BY THE REGISTRAR**

1. Date of receipt of corrections or later filed documents completing the application:
2. Date of Filling as accorded

**(REGISTRAR)**