



Intellectual Property Office of the Philippines  
28 Upper McKinley Rd, Fort Bonifacio, Taguig City 1634 PH  
☎ +63 (2) 7238-6300 | ✉ ask@ipophil.gov.ph

For IPOP HL use only

## INDUSTRIAL DESIGN REGISTRATION REQUEST

☐ Direct ☒ Divisional ☐ w/ Claim of Priority ☒ Embodiment/s

Application No.	
Date Received	
Date Mailed	
IPSO / ITSO Code	

## TITLE OF INDUSTRIAL DESIGN

Sculptural Ergonomic Office Chair

## DIVISIONAL INFORMATION (For Divisional Applications, if applicable)

Parent Application No.	Parent Application Filing Date (yyyy/mm/dd)
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## PRIORITY CLAIM/S (If applicable)

Prior Foreign Application Number/s	Foreign Filing Date (yyyy/mm/dd)	Country	Certified Copy attached?
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

To add more priority claim/s, please use, IPOP HL Form 120 – Supplemental Priority Form

## APPLICANT INFORMATION (For Individual applicants, you may skip Name of Company/Government/School and Position fields)

Type of Applicant ☐ Individual ☐ Company / Corporation ☒ School ☐ Government

Name of Company / Corporation / Government Agency / School

CAMARINES NORTE STATE COLLEGE

Entity

☐ Big (Total Assets > P100M) ☒ Small (Total Assets P100M or less)

Position

STUDENT

Sex

☐ Male ☒ Female

Last Name

MACAL

First Name

ANNA MAICA

Middle Name

BIBON

The Applicant is

☒ also the Designer

Address (Complete street info, village, subdivision, barangay)

PUROK 6 TUMBAGA

Town / City

JOSEPANGANIBAN

Province / State

CAMARINES NORTE

Zip Code

4606

Country of Residence

PH - PHILIPPINES

Contact No.

09070073875

Email Address (Required)

macalannamaica24@gmail.com

Nationality

Filipino

\* At least one Applicant is mandatory | The applicant with no agent or authorized representative must inform the office of any changes in the contact information | To add more applicants, please use, IPOP HL Form 110 – Supplemental Sheet

## DESIGNER INFORMATION (If the designer is not the same as the applicant)

Last Name	First Name	Middle Name	Sex <input type="radio"/> Male <input type="radio"/> Female
Address (Complete street info, village, subdivision, barangay)			
Town / City	Province / State	Zip Code	Country of Residence
Contact No.	Email Address (Required)	Nationality	

\* At least one Designer is mandatory | To add more designer, please use, IPOP HL Form 110 – Supplemental Sheet

## RESIDENT AGENT / AUTHORIZED REPRESENTATIVE (If supplied, all correspondences will be sent to this contact)

Agent Number (If available)	Company Name (The law firm, if applicable)		
Position	Sex <input type="radio"/> Male <input type="radio"/> Female		
Last Name	First Name	Middle Name	
Address (Complete street info, village, subdivision, barangay)			
Town / City	Province / State	Zip Code	Country of Residence
Contact No.	Email Address (Required)	Nationality	

Agent or authorized representative must inform the office of any changes in the contact information

**CHECKLIST** (To be filled up by Applicant)

This application contains the number of sheets: 1. Request _____ sheets 2. Description _____ sheets 3. Claims _____ sheets 4. Drawing/s _____ sheets  TOTAL _____ 0 _____ sheets	This application as filed is accompanied by the items checked below: <input type="checkbox"/> Separate notarized power of attorney <input type="checkbox"/> Copy of general power of attorney <input type="checkbox"/> Priority document/s (see Priority Claim) <input type="checkbox"/> Deed of assignment <input type="checkbox"/> Cheques for the payment of fees <input type="checkbox"/> Statement of compliance to requirements of Free and Prior Informed Consent of Indigenous Cultural Community  <b>For Divisional Applications</b> <input type="checkbox"/> Certified true copy of the parent application, if applicable  <input type="checkbox"/> Other document/s (please specify) : _____
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Figure number \_\_\_\_\_ of the drawing (if any) is suggested to accompany the abstract for publication.

Total Number of Design Embodiments : \_\_\_\_\_

If the Application is granted, choose the delivery method for the Certificate of Registration:

☐ Pickup at IPOP HL ☐ Mail to Applicant ☐ Mail to Agent / Authorized Representative

Mailings may be subject to additional mailing fees.

**ADDITIONAL INFORMATION** (Mandatory)

- The subject matter of the application consists of, or relates to, traditional knowledge. (RA 10055) ☐ Yes ☐ No  
If yes, please specify the nature and source of origin of the traditional knowledge.
- The subject matter of the application consists of, or relates to, Indigenous Knowledge Systems and Practices. (RA 10055; IPOP HL-NCIP J.A.O. No. 1, 2016) ☐ Yes ☐ No  
If yes, please specify the nature and source of origin of the indigenous knowledge systems and practices.

**IPOP HL PRIVACY STATEMENT AS PER RA 10173 ALSO KNOWN AS "DATA PRIVACY ACT OF 2012" AND SIGNATURE**

☐ Agree ☐ Disagree

By ticking the AGREE box and affixing my signature to the right, I understand that I am giving consent to the collection, storage, sharing and other necessary processing of the personal information contained in this application, freely and voluntarily, to the Intellectual Property Office of the Philippines (IPOP HL) and its partners, in the exercise of its mandate as the lead government agency for the protection of IP rights and in compliance with the provisions of RA 10173, also known as, the Data Privacy Act of 2012.

I declare that all the information provided above are true and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

*If the present Request form is signed on behalf of any applicant by an agent, a separate notarized power of attorney appointing the agent and signed by the applicant is required. If in such case it is desired to make use of a general power of attorney (deposited with the Intellectual Property Office), a copy thereof must be attached to this form.*

NOTE: Submission of this Application Form and Payment of the Filing Fees do not mean that the application process is already complete. The application review process involves several stages and IPOP HL may request additional supporting documents, as needed, during said stages. This application is subject to the periods prior to the publication prescribed, if any, in the IP Code and international treaties to which the Philippines is a signatory. An application shall be deemed completed only upon completion of all stages and requirements, and payment of all required fees.

The address stated in these forms shall be used for sending notices and orders in cases filed with BLA.