



Intellectual Property Office of the Philippines
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For IPOP HL use only

UTILITY MODEL REGISTRATION REQUEST

☒ Direct ☐ PCT ☐ Divisional ☐ w/ Claim of Priority

Application No.	
Date Received	
Date Mailed	
IPSO / ITSO Code	

TITLE OF UTILITY MODEL

Ergonomic Jar Opener with Adjustable Grip

DIVISIONAL INFORMATION (For Divisional Applications, if applicable)

Parent Application No.	Parent Application Filing Date (yyyy/mm/dd)
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PCT INFORMATION (For National Phase Entry Applications, if applicable)

International Application Number	International Filing Date (yyyy/mm/dd)
International Publication Number	International Publication Date (yyyy/mm/dd)

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 <input checked="" type="radio"/> Individual <input type="radio"/> Company / Corporation <input type="radio"/> School <input type="radio"/> Government			
Name of Company / Corporation / Government Agency / School CAMARINES NORTE STATE COLLEGE		Entity <input type="radio"/> Big (Total Assets > P100M) <input checked="" type="radio"/> Small (Total Assets P100M or less)	
Position STUDENT		Sex <input type="radio"/> Male <input checked="" type="radio"/> Female	
Last Name MACAL	First Name ANNA MAICA	Middle Name BIBON	The Applicant is <input checked="" type="checkbox"/> also the Maker
Address (Complete street info, village, subdivision, barangay) PUROK 6			
Town / City JOSE PANGANIBAN	Province / State CAMARINES NORTE	Zip Code 4606	Country of Residence

Contact No.	Email Address	Nationality
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* 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

MAKER INFORMATION (If the maker 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	Nationality	

* At least one Maker is mandatory | To add more makers, 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	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:	This application as filed is accompanied by the items checked below:
1. Request _____ sheets	<input type="checkbox"/> Separate notarized power of attorney
2. Description _____ sheets	<input type="checkbox"/> Copy of general power of attorney
3. Claims _____ sheets	<input type="checkbox"/> Priority document/s (see Priority Claim)
4. Abstract _____ sheets	<input type="checkbox"/> Deed of assignment
5. Drawing/s _____ sheets	<input type="checkbox"/> Cheques for the payment of fees
6. Sequence Listings:	<input type="checkbox"/> Physical data carrier containing Sequence Listing in PDF OCR
<input type="checkbox"/> Print-out _____ sheets	<input type="checkbox"/> Statement of compliance to requirements of Free and Prior Informed Consent of Indigenous Cultural Community
<input type="checkbox"/> Electronic copy (PDF) _____ sheets	
TOTAL _____ 0 _____ sheets	For PCT Applications <input type="checkbox"/> Amendments <input type="checkbox"/> Under PCT Article 19 <input type="checkbox"/> Under PCT Article 34 <input type="checkbox"/> International Search Report <input type="checkbox"/> International Preliminary Examination <input type="checkbox"/> POA / ARA <input type="checkbox"/> PCT/IB/304, if applicable For Divisional Applications <input type="checkbox"/> Certified true copy of the parent application, if applicable <input type="checkbox"/> Other document/s (please specify) : _____

Figure number _____ of the drawing (if any) is suggested to accompany the abstract for publication.

Total Number of Claims : _____

If the Application for Utility Model is granted, Certificate of Registration to be:

☐ Pick up 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, biological materials and/or genetic resources. (RA 10055; EO 247) ☐ Yes ☐ No
If yes, please specify the nature and source of origin of the biological materials and/or genetic resources.

- 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

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.