



Intellectual Property Office of the Philippines
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INDUSTRIAL DESIGN REGISTRATION REQUEST

Direct Divisional w/ Claim of Priority Embodiment/s

For IPOPHL use only

Application No.	
Date Received	
Date Mailed	
IPSO / ITSO Code	

TITLE OF INDUSTRIAL DESIGN

Sculptural Ergonomic Office ChairSculptural Ergonomic Office Chair

DIVISIONAL INFORMATION (For Divisional Applications, if applicable)

Parent Application No. Parent Application Filing 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, IPOPHL 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, IPOPHL Form 110 – **Supplemental Sheet**

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

Last Name

First Name

Middle Name

Sex

Male 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, IPOPHL 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

Male 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)

<i>This application contains the number of sheets:</i>		<i>This application as filed is accompanied by the items checked below:</i>
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. Drawing/s	_____ sheets	<input type="checkbox"/> Deed of assignment
TOTAL	0 sheets	<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
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 Design Embodiments : _____

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

Pickup at IPOPHL Mail to Applicant Mail to Agent / Authorized Representative

Mailings may be subject to additional mailing fees.

ADDITIONAL INFORMATION (Mandatory)

1. 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.

2. The subject matter of the application consists of, or relates to, Indigenous Knowledge Systems and Practices. (RA 10055; IPOPHL-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.

IPOPHL 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 (IPOPHL) 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 IPOPHL 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.