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PATENT APPLICATION REQUEST

Direct PCT Divisional w/ Claim of Priority

Application No.	
Date Received	
Date Mailed	
IPSO / ITSO Code	

TITLE OF INVENTION			
DIVISIONAL INFORMATION (For Divisional Applications, if applicable)			
Parent Application No.		Parent Application Filing Date (yyyy/mm/dd)	
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?
			Yes No
			Yes No
			Yes 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		Entity Big (Total Assets > P100M) Small (Total Assets P100M or less)	
Position		Sex Male Female	
Last Name	First Name	Middle Name	The Applicant is also the Inventor
Address (Complete street info, village, subdivision, barangay)			
Town / City	Province / State	Zip Code	Country of Residence
Contact No.	Email Address	Nationality	
* 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			
INVENTOR INFORMATION (If the inventor 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	Nationality	
* At least one Inventor is mandatory To add more inventors, 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	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	Separate notarized power of attorney
2. Description _____ sheets	Copy of general power of attorney
3. Claims _____ sheets	Priority document/s (see Priority Claim)
4. Abstract _____ sheets	Deed of assignment
5. Drawing/s _____ sheets	Cheques for the payment of fees
6. Sequence Listings:	Physical data carrier containing Sequence Listing in PDF OCR
Print-out _____ sheets	Statement of compliance to requirements of Free and Prior
Electronic copy (PDF) _____ sheets	Informed Consent of Indigenous Cultural Community
TOTAL _____ sheets	For PCT Applications Amendments Under PCT Article 19 Under PCT Article 34 International Search Report International Preliminary Examination POA / ARA PCT/IB/304, if applicable For Divisional Applications Certified true copy of the parent application, if applicable 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 Patent is granted, Certificate of Registration to be:

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, 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.