



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

Application No.	
Date Received	
Date Mailed	
IPSO / ITSO Code	

Direct    Divisional    w/ Claim of Priority    Embodiment/s

## INDUSTRIAL DESIGN REGISTRATION REQUEST

### TITLE OF INDUSTRIAL DESIGN

### 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?
			Yes    No
			Yes    No
			Yes    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

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 Designer

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 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

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, 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

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)

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. Drawing/s _____ sheets	Deed of assignment
TOTAL _____ sheets	Cheques for the payment of fees
	Statement of compliance to requirements of Free and Prior Informed Consent of Indigenous Cultural Community
	<b>For Divisional Applications</b>
	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 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)

- |  |     |    |
|--|-----|----|
| 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; 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.