

APPLICATION FOR REGISTRATION OF INDUSTRIAL DESIGN

For Official Use

Date of Receipt by Registrar

Registrar's office:

APPLICATION No:

(Office's Stamp)

To: The Registrar
Intellectual Property Office of Papua New Guinea
Investment Promotion Authority
PO Box 1281, PORT MORESBY
Papua New Guinea

FILING DATE:

Applicant's or Representative's File Reference:

THE APPLICANT(S) REQUEST(S) THAT THE ACCOMPANYING INDUSTRIAL DESIGN BE REGISTERED IN RESPECT OF THE FOLLOWING PARTICULARS:

I. APPLICANT(S) (The data concerning each applicant must appear in this box or, if the space is insufficient, in the supplemental box.) Additional information is contained in supplemental box.

Name:

Address:

Nationality:

Country of residence or principal place of business:

Telephone Number

Telegraphic Address

Telex Number

II. AGENT

The following agent has been appointed by the applicant(s) in the power of attorney accompanying this Form to be filed within one month from the filing of this Form

Name:

Address:

Telephone Number

Telegraphic Address

Telex Number

III. REPRESENTATIONS OF THE INDUSTRIAL DESIGN; SPECIMEN

This Form is accompanied by:
} four graphic representations
} four drawings or tracings
} a specimen of the industrial design

IV. PRODUCTS

The kind of products of which the industrial design is to be used is (are) the following:

V. PRIORITY CLAIM (if any)

The priority of an earlier application is claimed as follows:

Country:

Filing Date:

Application No.:

The priority of more than one earlier application is claimed;
the data are indicated in the supplemental box

The certified copy of the earlier application

} accompanies this Form; or
} will be furnished within three months of the filing of this Form

VI. FEES accompany this Form

VII. SUPPLEMENTAL BOX*

VIII. SIGNATURE
(Applicant/Agent)**

.....
(Date)

(To be filed in by the Registrar)

1. Date application received:

2. Date of receipt of corrections, later filed papers completing the application:

3. Date fees received:

* Use this box if any of the boxes is not large enough to contain information to be furnished. Indicate the boxes continued in this box by their Roman numerals and title (e.g., "II. APPLICANT(S) (continued)").

**Type name(s) under signature and delete whichever does not apply.