The Patents and Design Act, 2020

FIRST SCHEDULE

Section 85(1)

FORM 12

Application for Registration of a Design

Information on how to fill in this form is available from the Office

1. Your reference:
2. Please list the classes and sub-classes if applicable in respect of which you

seek registration:

1. Full name and address of the applicant or of each applicant

(underline all surnames):

Your application details, including your name and address, will appear on our records in the office, which are searchable by the public.

If you are applying in the name of a company, where is it incorporated?

1. Name of your agent (if you have one):

"Address for service" including email address to which all correspondence shall be sent:

1. Fees enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name, e-mail address, telephone, fax and /or mobile number, if any, of a contact point for the applicant:

You must answer the questions below:

For multiple applications, please copy this sheet as many times as necessary:

1. Name of the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Which product or products is the design for?
3. How many illustration sheets are there for this design?
4. Write "RSP" (Repeat Surface on Product) if this is the design of a pattern which repeats across the surface of a product, for example, wallpaper:
5. Please give a brief description of the design shown in the illustration or sample:
6. List any limitations or disclaimers you want to record:
7. Do you agree that we should publish this design as soon as possible?

OR

Do you wish that full publication be deferred?

1. Tick the box if you have included priority documents with this application:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. If you are claiming priority from an earlier application to register this design, give these details: | Priority date: | Country: | Application number (s): |

1. If the earlier application was made in a different name, please state how the current applicant has a right to apply. If, for example, by assignment of the earlier application, give the date of that transaction:

Signature of the applicant or their representative:

Name in BLOCK CAPITALS:

Date:

Design Form 12 - Rev 1.0 Approved by Executive Director 29/06/2022