

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

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1. Your reference:

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  2. Please list the classes and sub-classes if applicable in respect of which you seek registration:

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  3. 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?

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  4. Name of your agent (if you have one):  
  
"Address for service" including email address to which all correspondence shall be sent:

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  5. Fees enclosed:
  6. 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:
  7. Name of the applicant:
  8. Which product or products is the design for?:

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  9. How many illustration sheets are there for this design?:

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  10. 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:

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  11. Please give a brief description of the design shown in the illustration or sample:

12. List any limitations or disclaimers you want to record:

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13. Do you agree that we should publish this design as soon as possible or do you wish that full publication be deferred until after registration?

Please state yes or no:

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

15. If you are claiming priority from an earlier application to register this design, give these details:	Priority date:	Country:	Application number(s):
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16. If the earlier application was made in a different name, say how the current applicant has a right to apply. If, for example, by assignment of the earlier application, give the date of the transaction:

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Signature of the applicant or their representative:

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Name in BLOCK CAPITALS:

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Date: