## FIRST SCHEDULE

(Section 10)

## PATENTS AND DESIGNS ACT

## FORM 1

Application for a Patent

Application number:				
1.	Your reference (optional):			
2.	Full name, telephone, mailing and email address of the applicant or o each patent applicant (underline all surnames) nationality and TRN:			
3.	Title of the invention:			
4.	State the inventor or joint inventors of the invention or inventions:			
5.	Name of your agent (if applicable) and address for service including email address to which all correspondence shall be sent:			
6.	Priority declaration:			
	Are you claiming priority from one or more earlier-filed patent applications? (If so, please give details of the application(s)):			
	Country:			
	Application Number(if known):			
	Date of filing(day/month/year):			
7.	Divisional, <i>etc</i> : Is this application a divisional application or being made following resolution of an entitlement dispute about an earlier application? If so, please give the application number and filing date of the earlier application:			
	Application Number: Date of filing (day/month/year):			

Inventorship (inventors must be individuals not companies):		
(Please tick t	the appropriate boxes)	
Are all the a inventors?	pplicants named above also	YES NO
If yes, are th	ere any other inventors?	YES NO
Please enter—		
Continuation sheets of this form:		
The number	of pages for each item, accon	npanying this form:
Description:		
Claim(s):		
Abstract:		
Drawing(s):		
If you are not filing a description, please give details of the previous application you seek to rely on:		
Country:		
Application:		
Date of filing (day/month/year):		
If you are also filing any of the following, state how many against each item:		
(a)	priority documents—	
(b)	declaration of inventorship of a patent—	and statement of right to grant
(c)	request for search-	
(d)	any other documents (pleas	e specify):
I/We requ	est the grant of a patent on th	ne basis of this application:
S	Signature(s):	Date:
	(Please tick of Are all the a inventors?  If yes, are the Please enter-Continuation The number Description: Claim(s): Abstract: Drawing(s): If you are n application yellow Country: Application: Date of filing  If you are a item:  (a) (b) (c) (d)  I/We required	(Please tick the appropriate boxes)  Are all the applicants named above also inventors?  If yes, are there any other inventors?  Please enter—  Continuation sheets of this form:  The number of pages for each item, accomposition:  Claim(s):  Abstract:  Drawing(s):  If you are not filing a description, pleas application you seek to rely on:  Country:  Application:  Date of filing (day/month/year):  If you are also filing any of the following item:  (a) priority documents—  (b) declaration of inventorship of a patent—  (c) request for search—  (d) any other documents (please)

Note: Information on how to fill in this form is available from the Office and on our website at www.jipo.gov.jm.