

## NOTES to the request for grant of a European patent (EPO Form 1001)

These notes are intended to facilitate the filling in of the present form. For full information, see text of the European Patent Convention and the Implementing Regulations to the Convention. "Art." refers to Articles of the Convention, and "Rule" refers to Rules of the Regulations.

1 "If by a final decision it is adjudged that a person referred to in Article 60, paragraph 1, other than the applicant, is entitled to the grant of a European patent, that person may, within a period of three months after the decision has become final, provided that the European patent has not yet been granted, in respect of those Contracting States designated in the European patent application in which the decision has been taken or recognised, or has to be recognised on the basis of the Protocol on Recognition annexed to this Convention:

(a) prosecute the application as his own application in place of the applicant,

(b) file a new European patent application in respect of the same invention, or

(c) request that the application be refused." (Art. 61)

2 The title of the invention shall clearly and concisely state the technical designation of the invention and shall exclude all fancy names. If the European patent application contains claims in different categories (product, process, apparatus, use), this must be evident from the title (cf. Rule 26(2)(b)).

3 "Names of natural persons shall be indicated by the person's family name and given name(s), the family name being indicated before the given name(s). Names of legal entities, as well as companies considered to be legal entities by reason of the legislation to which they are subject, shall be indicated by their official designations. Addresses shall be indicated in such a way as to satisfy the customary requirements for prompt postal delivery at the indicated address. They shall in any case comprise all the relevant administrative units, including the house number, if any. It is recommended that the telegraphic and telex address and the telephone number be indicated." (Rule 26(2)(c)).

Any additional applicant must be identified in the same way.

"If there is more than one applicant, the request shall preferably contain the appointment of one applicant or representative as common representative." (Rule 26(3))

Attention is drawn to Rule 100(1):

"If there is more than one applicant and the request for the grant of a European patent does not name a common representative, the applicant first named in the request shall be considered to be the common representative. However, if one of the applicants is obliged to appoint a professional representative this

representative shall be considered to be the common representative unless the first named applicant has appointed a professional representative. The same shall apply *mutatis mutandis* to third parties acting in common in filing notice of opposition or intervention and to joint proprietors of a European patent."

4 "The designation of the inventor shall be filed in the request for the grant of a European patent. However, if the applicant is not the inventor or is not the sole inventor, the designation shall be filed in a separate document; the designation must state the family name, given names and full address of the inventor and the statement referred to in Article 81 and shall bear the signature of the applicant or his representative." (Rule 17(1)).

5 If the applicant has appointed a representative, his name and the address of his place of business shall be indicated under the conditions contained in note 3 (cf. Rule 26(2)(d)).

Any additional representative must be identified in the same way.

"If there is more than one applicant, the request shall preferably contain the appointment of one applicant or representative as common representative." (Rule 26(3))

Attention is drawn to Rules 100(1) and 101(1),(2).

### Rule 100

"(1) If there is more than one applicant and the request for the grant of a European patent does not name a common representative, the applicant first named in the request shall be considered to be the common representative. However, if one of the applicants is obliged to appoint a professional representative this representative shall be considered to be the common representative unless the first named applicant has appointed a professional representative. The same shall apply *mutatis mutandis* to third parties acting in common in filing notice of opposition or intervention and to joint proprietors of a European patent."

### Rule 101

"(1) Representatives acting before the European Patent Office must file with it a signed authorisation for insertion on the files. The authorisation may cover one European patent application or European patent or several of them and shall be filed in the corresponding number of copies.

## NOTES (continued)

- (2) A general authorisation enabling a representative to act in respect of all the patent transactions of the party making the authorisation may be filed. A single copy shall be sufficient."
- 6 "(1) The declaration of priority referred to in Article 88, paragraph 1, shall state the date of the previous filing and the State in or for which it was made and shall indicate the file number.
- (2) The date and State of the previous filing must be stated on filing the European patent application; the file number shall be indicated before the end of the sixteenth month after the date of priority." (Rule 38(1),(2))
- 7 "(1) The request for the grant of a European patent shall contain the designation of the Contracting State or States in which protection for the invention is desired.
- (2) The designation of a Contracting State shall be subject to the payment of the designation fee. The designation fees shall be paid within twelve months after filing the European patent application or, if priority has been claimed, after the date of priority; in the latter case, payment may still be made up to the expiry of the period specified in Article 78, paragraph 2, if that period expires later." (Art. 79(1),(2))
- "Where the request for grant of a European patent designates more than one Contracting State, in accordance with Article 79, paragraph 1, of the Convention, and the amount paid is insufficient to cover all the designation fees, the amount paid shall be applied according to the specifications made by the applicant at the time of payment. If the applicant makes no such specifications at the time of payment, these fees shall be deemed to be paid only for as many designations as are covered by the amount paid and in the order in which the Contracting States are designated in the request." (Rules relating to Fees, Art. 9(2))
- 8 "A European patent application may also be filed either by joint applicants or by two or more applicants designating different Contracting States." (Art. 59)
- 9 "(1) Any European patent application comprising more than ten claims at the time of filing shall, in respect of each claim over and above that number, incur payment of a claims fee. The claims fee shall be payable within one month after the filing of the application.
- (3) If the claims fee for any claims is not paid in due time, the claim concerned shall be deemed to be abandoned. Any claims fee duly paid shall be refunded only in the case referred to in Article 77, paragraph 5." (Rule 31(1),(3))
- 10 "If the European patent application contains drawings, the applicant shall indicate the figure or, exceptionally, the figures of the drawings which he suggests should accompany the abstract when the abstract is published." (Rule 33(4))

**DESIGNATION OF INVENTOR**

(where the applicant is not the inventor or is not the sole inventor)

For official use only

Applicant's or Representative's Reference

Application N<sup>o</sup>In respect of the European patent application<sup>1</sup>I (we), the undersigned<sup>2</sup>do hereby designate as inventor(s)<sup>3</sup> :
 (Additional inventors indicated on supplementary sheet).<sup>4</sup>

Statement indicating the origin of the right to the European patent:

Place

Date

Signature(s) of Applicant(s) or Representative(s)

## I. NOTES

1 Application N° (if known) and title of the invention.

2 Name(s) of the undersigned in accordance with Rule 26(2)(c):

"Names of natural persons shall be indicated by the person's family name and given name(s), the family name being indicated before the given name(s). Names of legal entities, as well as companies considered to be legal entities by reason of the legislation to which they are subject, shall be indicated by their official designations."

3 Family name(s) given name(s) and full address(es) of the inventor(s) according to Rule 17(1).

4 Where applicable place cross in box.

5 Cf. Art. 81.

## II. NOTICE

- a) Under Rule 36(4) an extra copy of the document designating the inventor(s) must be filed for each inventor not also being an applicant.
- b) The European Patent Office will notify to each inventor a copy of the document designating the inventor together with the data mentioned in Article 128, paragraph 5 (cf. Rule 17(3)).

AUTHORISATION<sup>1</sup>

For official use only

Representative's Reference

Application/Patent N<sup>o</sup>I (We)<sup>2</sup>

(Additional parties giving the authorisation indicated on supplementary sheet)

do hereby authorise<sup>3</sup>

(Additional representatives indicated on supplementary sheet)

to represent me (us) as

applicant(s) or patent proprietor(s)

opponent(s)

and to act for me (us) in all proceedings established by the European Patent Convention concerning the European patent application(s) or patent(s)<sup>4</sup>

(Additional applications or patents indicated on supplementary sheet)

and to receive payments on my (our) behalf.

Substitute authorisation may be given.

I (We) hereby revoke all previous authorisations in respect of the above application(s) or patent(s).<sup>5</sup>

Place

Date

Signature(s)<sup>6</sup>

## I. NOTES

- 1 a) The use of this form is recommended when authorising any representative before the European Patent Office, i.e. when authorising any professional representative, legal practitioner or employee under Article 133 (3).  
b) Where applicable place cross in box.
- 2 Name(s) and address(es) of the party or parties giving the authorisation and the State in which his (their) residence or principal place of business is located, in accordance with Rule 26(2)(c):  
  
"Names of natural persons shall be indicated by the person's family name and given name(s), the family name being indicated before the given name(s). Names of legal entities, as well as companies considered to be legal entities by reason of the legislation to which they are subject, shall be indicated by their official designations. Addresses shall be indicated in such a way as to satisfy the customary requirements for prompt postal delivery at the indicated address. They shall in any case comprise all the relevant administrative units, including the house number, if any. It is recommended that the telegraphic and telex address and the telephone number be indicated;"
- 3 Name(s) and address of place of business of the representative(s) in accordance with Rule 26(2)(c) (cf. note 2 above).
- 4 Application N°(s) or patent N°(s) (if known) and title(s) of the invention(s).
- 5 The revocation does not extend to any general authorisation which may have been given.
- 6 Signature(s) of the person(s) giving the authorisation. If the authorisation is not signed by the party or parties to the proceedings in person, the capacity in which the person(s) giving the authorisation has (have) signed is to be indicated.

## II. NOTICES

- (a) Authorisations covering more than one application or patent are to be filed in the corresponding number of copies (cf. Rule 101(1)).
- (b) All decisions, summonses and communications will be sent to the representative (cf. Rule 81).
- (c) Rule 101(7) states:  
  
"Subject to any provisions to the contrary contained therein, an authorisation shall not terminate vis-à-vis the European Patent Office upon the death of the person who gave it."

GENERAL AUTHORISATION<sup>1</sup>

For official use only

General Authorisation N<sup>o</sup>I (We)<sup>2</sup>do hereby authorise<sup>3</sup> (Additional representatives indicated on supplementary sheet).

to represent me (us) in all proceedings established by the European Patent Convention and to act for me (us) in all patent transactions and to receive payments on my (our) behalf.

 Substitute authorisation may be given.

Place

Date

Signature(s)<sup>4</sup>

## I. NOTES

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- 3 Name(s) and address of place of business of the representative(s) in accordance with Rule 26(2)(c) (cf. note 2 above).
- 4 Signature of person giving the authorisation. If the authorisation is not signed by the party to the proceedings in person, the capacity in which the person(s) giving the authorisation has (have) signed is to be indicated.

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"Subject to any provisions to the contrary contained therein, an authorisation shall not terminate vis-à-vis the European Patent Office upon the death of the person who gave it."



# REQUETE EN DELIVRANCE D'UN BREVET EUROPEEN

|                                          |
|------------------------------------------|
| N° de la demande                         |
| Date de réception (Règle 24(2))          |
| Date de réception à l'OEB (Règle 24 (4)) |
| Date de dépôt                            |

- Prière de remplir ce formulaire à la machine à écrire  
 - Les emplacements entourés d'un cadre épais sont réservés à l'Administration  
 - Faire une croix dans les cases lorsque c'est nécessaire  
 - Voir les remarques sur la feuille annexée

Je (Nous), soussigné(s) requiers (requérons)  
 par la présente demande la délivrance  
 d'un brevet européen.

Référence du (des) demandeur(s) ou du (des) mandataire(s)

La présente demande constitue une demande divisionnaire.  
 Numéro de la demande initiale

La présente demande constitue une demande selon l'article 61 (1) (b) <sup>1</sup>.  
 Numéro de la demande initiale

I. Titre de l'invention <sup>2</sup>

II. Demandeur <sup>3</sup>  Les autres demandeurs sont mentionnés sur une feuille supplémentaire.

Nom

Adresse (avec le code postal et le nom de l'Etat)

Numéro de téléphone

Adresse télégraphique

Adresse de telex

Nationalité

Etat du domicile ou du siège du demandeur

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III. Inventeur <sup>4</sup>  Le(s) demandeur(s) est (sont) l' (les) unique(s) inventeur (s)  Voir la désignation de l'inventeur en pièce jointe

IV. Mandataire <sup>5</sup> (s'il en a été constitué un)  Les autres mandataires sont mentionnés sur une feuille supplémentaire.

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Voir pouvoir général n°

Nom

Adresse professionnelle (avec le code postal et le nom de l'Etat)

Numéro de téléphone

Adresse télégraphique

Adresse de télétype

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| <b>V. Déclaration de priorité<sup>6</sup> (au besoin)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Les autres revendications de priorité sont mentionnées sur une feuille supplémentaire |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
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| 1.<br>2.<br>3.<br>4.<br>5.<br>6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| <b>VI. Désignation des Etats<sup>7</sup></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| 1.<br>2.<br>3.<br>4.<br>5.<br>6.<br>7.<br>8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <table border="1" style="border-collapse: collapse; width: 50px; height: 100px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> |                                                                                                                |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          | 9.<br>10.<br>11.<br>12.<br>13.<br>14.<br>15.<br>16. |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
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| <b>VII. Différents demandeurs correspondant aux différents Etats désignés<sup>8</sup> (s'il y a lieu)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| <input type="checkbox"/> Le(s) (différents) demandeur(s) additionnel(s) est (sont) mentionné(s) sur une feuille supplémentaire.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| Nom(s) du (des) demandeur(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Etat(s) désigné(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
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| <b>VIII. Nombre des revendications<sup>9</sup> :</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| <b>IX. Abrégé<sup>10</sup></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| Il est proposé de publier l'abrégé accompagné de la figure n <sup>o</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| <b>X. Liste de contrôle</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| A. La demande contient le nombre suivant d'exemplaires et de pages par exemplaire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | B. A la présente demande sont annexés les documents suivants :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%; text-align: center;">Nombre d'exemplaires</th> <th style="width: 30%; text-align: center;">Nombre de feuilles par exemplaire</th> </tr> </thead> <tbody> <tr> <td>1. Requête</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>2. Description</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>3. Revendication(s)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>4. Dessin(s)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>5. Abrégé</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Nombre d'exemplaires                                                                                           | Nombre de feuilles par exemplaire | 1. Requête | _____ | _____ | 2. Description | _____ | _____ | 3. Revendication(s) | _____ | _____ | 4. Dessin(s) | _____ | _____ | 5. Abrégé | _____ | _____ | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: right;">1.</td> <td style="width: 5%;"><input type="checkbox"/></td> <td>Pouvoir signé</td> </tr> <tr> <td>2.</td> <td><input type="checkbox"/></td> <td>Document(s) de priorité</td> </tr> <tr> <td>3.</td> <td><input type="checkbox"/></td> <td>Traduction du (des) document(s) de priorité</td> </tr> <tr> <td>4.</td> <td><input type="checkbox"/></td> <td>Désignation de l'inventeur</td> </tr> <tr> <td>5.</td> <td><input type="checkbox"/></td> <td>Autres documents (indiqués sur une feuille supplémentaire)</td> </tr> </tbody> </table> | 1. | <input type="checkbox"/> | Pouvoir signé                                       | 2. | <input type="checkbox"/> | Document(s) de priorité | 3. | <input type="checkbox"/> | Traduction du (des) document(s) de priorité | 4. | <input type="checkbox"/> | Désignation de l'inventeur | 5. | <input type="checkbox"/> | Autres documents (indiqués sur une feuille supplémentaire) | <input checked="" type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Nombre d'exemplaires                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Nombre de feuilles par exemplaire                                                                              |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| 1. Requête                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____                                                                                                          |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| 2. Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____                                                                                                          |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| 3. Revendication(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____                                                                                                          |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| 4. Dessin(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____                                                                                                          |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| 5. Abrégé                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____                                                                                                          |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
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| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Document(s) de priorité                                                                                        |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Traduction du (des) document(s) de priorité                                                                    |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Désignation de l'inventeur                                                                                     |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Autres documents (indiqués sur une feuille supplémentaire)                                                     |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
| <b>XI. Signature(s) du (des) demandeur(s) ou du (des) mandataire(s)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                   |            |       |       |                |       |       |                     |       |       |              |       |       |           |       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                          |                                                     |    |                          |                         |    |                          |                                             |    |                          |                            |    |                          |                                                            |                                     |
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