

e-form





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Details of Applicant			
Full Name			
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Postcode	Country		
Telephone Number	E-Mail		
Mobile Number			
Details of Attorney (if applicable)			
Full Name			
Address			
Postcode	Country		
Telephone Number	E-Mail		
FOR OFFICE USE ONLY:			
Patent No:		Receipt No. & Date:	
Filing Date:		Amount Paid:	
Int. Class:		Claims Fee:	

Details of Inventor(s)				
Full Name				
Address				
Postcode				
In case there is more than one (1) inventor, please attach the inventors' list in the attachment section in this application.				
Details of Priority Claims				
Date	Country	Number		
Details of Invention				
Title of Invention				
Number of claims of the Invention				
Attachments	mitted with the application.			
Required documents to be submitted with the application:				
-Inventor's list (if applicable);				
-A priority document (if priority is claimed);				
-A power of attorney document (if attorney is appointed);				
-Abstract; -Description; -Claims;				
-Drawings / Sketches (if applic	able);			

Declaration cont.

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Fee and Payment Method

Patent Fee: €116.47

Claims Fee For each additional claim when a patent application contains more than 10 claims:

€23.29 for each additional claim from the 11th claim onwards

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