



PATENT OF INVENTION OR CERTIFICATE OF ADDITION

Deposit

(Form for Request of Entry into National Phase under Articles 22 of the Patent Cooperation Treaty)

**PCT
BR1**

This form is to be typewritten legibly without stripes no overwritten.

1. APPLICATION FOR :	RESERVED FOR ODPIC
Patent of invention <input type="checkbox"/>	Date of entry of the national phase:
Certificate of addition <input type="checkbox"/>	
National patent applications N° or PCT N° or PCT publication N°:	
3. APPLICANT (S) :	
(Please specify the name or the legal name and full address).	
If there are multiple applicants (In the case of joint proprietorship), use the form « Suite » and check the box <input type="checkbox"/>	
4. INVENTOR(S) :	
Name & Surname :	
Full address :	
If there are multiple inventors, use the form « Suite » and check the box <input type="checkbox"/>	
5. The applicant has appointed as a representative (power attorney):	
(Please specify the name or legal name and the full address) .	

6. The changes that have not been registered to the International Office of the WIPO (please specify it on an additional sheet) :

7. Address for correspondence :

9. REQUIRED DOCUMENTS :

- 1-The original the main document (description, claims, abstract, and drawings)
- 2- Potential amended claims under Article 19 of PCT
- 3-A copy of the search report and written opinion
- 4- Receipt of the deposit of biological material
- 5- Confirmation of payment (In the case of a bank transfer)
- 6- Others documents (specify) :.....

**10. SIGNATURE OF THE APPLICANT
OR HIS REPRESENTATIVE :**

(name and title of the signatory)

11. RESERVED FOR ODPIC

(stamp and signature)



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APPLICANT :	
Name & Surname or Legal name :	
Address or head office :	
Telephon :	E-Mail address:
APPLICANT :	
Name & Surname or Legal name :	
Address or head office :	
Telephon :	Fax : E-Mail address :
APPLICANT :	
Name & Surname or Legal name :	
Address or head office :	
Telephon :	Fax : E-Mail address:
APPLICANT :	
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Telephon:	Fax : E-Mail address :
SIGNATURE OF APPLICANT OR HIS REPRESENTATIVE : (name and title of the signator)	RESERVED FOR ODPIC (stamp and signature)



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Name & Surname :	
Address:	
INVENTOR :	
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PRIORITY CLAIM (When appropriate):			
	Filing N°	Filing Date	Country
Priority			
Priority			
Priority			
Priority			
Priority			
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