

SCHEDULE II

INTELLECTUAL PROPERTY OFFICE, TRINIDAD AND TOBAGO	
<p>Form No. 1 PATENTS ACT</p> <p>REQUEST OF GRANT OF PATENT OR UTILITY CERTIFICATE</p> <p>To: The Controller Intellectual Property Office</p>	<p style="text-align: center;">For Official use</p> <p>Date of Receipt by Intellectual Property Office:</p> <p>APPLICATION No:</p> <p style="text-align: right;">(Office's Stamp)</p> <p>FILING DATE:</p> <p>Applicant's or Representative's File Reference:</p>
<p>THE APPLICANT(S) REQUEST (S) <input type="checkbox"/></p> <p style="margin-left: 300px;"><input type="checkbox"/></p>	<p>THE GRANT OF A PATENT</p> <p>THE GRANT OF A UTILITY CERTIFICATE</p>
<p>IN RESPECT OF THE FOLLOWING PARTICULARS:</p> <p>I. TITLE OF INVENTION:</p>	
<p>II. APPLICANT(S)*</p> <p>Additional information is contained in supplemental box <input type="checkbox"/></p> <p>Name(s):</p>	
<p>Address(es)</p>	
<p>Nationality/nationalities:</p>	
<p>Country/countries of residence or principal place(s) of business:</p>	
<p>Tel No: Telegraphic Address(es): Telex No.: Fax No.:</p>	
<p><small>*The data concerning each applicant must appear in this box or, if the space is insufficient, in the supplemental box.</small></p>	

SCHEDULE II - *Continued*

Address for service in Trinidad and Tobago*:			
III AGENT			
The following agent has been appointed by the applicant(s) in the authorization of agent			
<input type="checkbox"/> Accompanying this Form	<input type="checkbox"/> to be filed within two months from the filing of this Form		
Name:			
Address:			
Tel. No.	Telegraphic Address(es):	Telex No.:	Fax No.:
IV. INVENTOR		Additional information is	
<input type="checkbox"/> The Inventor is the applicant	contained in supplemental		<input type="checkbox"/>
box			
If inventor is not the applicant:			
Name:			
Address:			
The statement justifying the applicant's right accompanies this Form <input type="checkbox"/>			
V. DIVISIONAL APPLICATION			
This application is a divisional application <input type="checkbox"/> . The benefit of the <input type="checkbox"/>			
filing date <input type="checkbox"/> priority date of the initial application is claimed in as much			
as the subject matter of the present application is contained in the initial			
application identified below.			
Initial Application No.:			
Date of filing of initial application:			

*Where an Attorney-at-Law has been appointed, his address shall be treated as the address to which communications shall be transmitted [Rule 44(2)]

SCHEDULE II - *Continued*

<p>DISCLOSURES TO BE DISREGARDED FOR PRIOR ART PURPOSES</p> <p><input type="checkbox"/> Disclosure occurred not more than one year before the filing date or priority Date of the present application by reason or in consequence of acts of the applicant or his predecessor in title.</p> <p><input type="checkbox"/> Of an abuse committed by a third party with regard to the rights of the applicant or his predecessor in title.</p> <p><input type="checkbox"/> Additional information in a statement accompanying this Form.</p>				
<p>VI. PRIORITY DECLARATION (if any)</p> <p>The priority of (an) earlier application(s) is claimed as follows: <input type="checkbox"/></p> <p>The priority of more than one earlier application is claimed: <input type="checkbox"/> the data are indicated in the supplemental box</p>				
<p>Country (if the earlier application is a regional or international application, indicate the office with which and the countries for which it was filed):</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Filing Date:</td> </tr> <tr> <td style="padding: 5px;">Application No.:</td> </tr> <tr> <td style="padding: 5px;">Symbol of the International Patent Classification: <input type="checkbox"/> not yet allocated</td> </tr> </table>	Filing Date:	Application No.:	Symbol of the International Patent Classification: <input type="checkbox"/> not yet allocated
Filing Date:				
Application No.:				
Symbol of the International Patent Classification: <input type="checkbox"/> not yet allocated				
<p>The certified copy of the earlier application <input type="checkbox"/> accompanies this Form</p> <p><input type="checkbox"/> will be furnished upon request by the Controller, as prescribed by Rule 20(5)</p> <p><input type="checkbox"/> has already been furnished with application No. [see Rule 20(5)]</p>				
<p>The English translation of the earlier application <input type="checkbox"/> accompanies this Form</p> <p><input type="checkbox"/> Will be furnished upon request, as prescribed by Rule 20(6)</p>				

VII. SUPPLEMENTAL BOX*

*Use this box if any of the boxes is not large enough to contain information to be furnished. Indicate the boxes continued in this box by their roman numerals and title [e.g. "II. APPLICANT(S) (continued)"].

SCHEDULE II - *Continued*

VIII. CHECK LIST (TO BE FILLED IN BY THE APPLICANT)	
<p>A. This application contains the following:</p> <p>1. request5..... sheet(s)</p> <p>2. description sheet(s)</p> <p>3. claim(s) sheet(s)</p> <p>4. abstract sheet (s)</p> <p>5. drawing(s) sheet(s)</p> <p style="text-align: center;">Total <input style="width: 40px; height: 20px;" type="text"/> sheet(s)</p>	<p>B. This Form, as filed, is accompanied by the items ticked below:</p> <p><input type="checkbox"/> separate signed authorization of agent</p> <p><input type="checkbox"/> statement justifying the applicant's right</p> <p><input type="checkbox"/> statement that certain disclosures be disregarded</p> <p><input type="checkbox"/> priority document(s) [certified copy of earlier application(s)]</p> <p><input type="checkbox"/> English translation of earlier application (s) on which priority declaration is based</p>
<p>C. Figure number ...-.... Of the drawings (if any) is suggested to accompany the abstract for publication</p>	<p><input type="checkbox"/> application fee</p> <p><input type="checkbox"/> other document(s) (specify) See supplemental Box</p>
<p>X. SIGNATURE(S)</p> <p style="text-align: center;">Agent for the Applicant (s)</p>	
<p>Type name(s) under signature(s).</p> <p>Indicate whether applicant or agent.</p> <p style="text-align: center;">TO BE FILLED IN BY THE CONTROLLER</p>	
<p>1. Date of receipt of corrections or later filed documents completing the application:</p>	
<p>2. Date fees received:</p>	

(Form No. 1, fifth and last page).