



**Representative of applicant**

|  |  |
|--|--|
| <p>ID document (ID card or passport):</p> <input style="width: 100%; height: 20px;" type="text"/> <p>ID document number:</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Country:</p> <input style="width: 100%; height: 20px;" type="text"/> | <p>First Name:</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Middle Name:</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Last Name:</p> <input style="width: 100%; height: 20px;" type="text"/> |
|--|--|

**Address** (Foreigners fill in only Phone-Email-Country-Province/City)

|   |  |
|---|--|
| <p>Phone:</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Email:</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Country:</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Province:</p> <input style="width: 100%; height: 20px;" type="text"/> <p>District:</p> <input style="width: 100%; height: 20px;" type="text"/> | <p>Sector:</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Cell:</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Street name and house number:</p> <input style="width: 100%; height: 20px;" type="text"/> <p>P. O. Box:</p> <input style="width: 100%; height: 20px;" type="text"/> |
|---|--|

### III. Owner information

**Owner is the applicant** (Please cross out if owner is the same as the applicant)

(Please cross out the type of owner and fill in the required information accordingly if it is different from the applicant. If owners are more than one, please add new page)

**Natural person**

**Organization**

ID document (ID card or passport):  
[Grid]  
ID document number:  
[Grid]  
Country:  
[Grid]  
First name:  
[Grid]  
Middle name:  
[Grid]  
Last name:  
[Grid]

Company code/Enterprise code:  
[Grid]  
OR  
Registration number:  
[Grid]  
Registered Name:  
[Grid]

Phone:  
[Grid]  
Email:  
[Grid]  
Country:  
[Grid]  
Province:  
[Grid]  
District:  
[Grid]

Sector:  
[Grid]  
Cell:  
[Grid]  
Street name and house number:  
[Grid]  
P. O. Box:  
[Grid]

### Representative of owner

|  |                        |
|--|------------------------|
| ID document (ID card or passport):<br>[Grid] | First Name:<br>[Grid]  |
| ID document number:<br>[Grid]                | Middle Name:<br>[Grid] |
| Country:<br>[Grid]                           | Last Name:<br>[Grid]   |

### Address (Foreigners fill in only Phone-Email-Country-Province/City)

|                     |   |
|---------------------|---|
| Phone:<br>[Grid]    | Sector:<br>[Grid]                       |
| Email:<br>[Grid]    | Cell:<br>[Grid]                         |
| Country:<br>[Grid]  | Street name and house number:<br>[Grid] |
| Province:<br>[Grid] | P. O. Box:<br>[Grid]                    |
| District:<br>[Grid] |   |

***IV. Attachments***

- Fee payment receipt slip
- Copy of ID document
- Power of attorney
- Certificate of registration
- Other

***Certification and signature***

The Registrar General is hereby requested to extend the term of this patent registration in accordance with the Article 42 of the Law on protection of Intellectual Property-

I hereby certify that the information given to the best of my knowledge is true, complete and all signatures in the attachments are made by the persons stated. I also understand that any false declaration may lead to prosecution.

Date: ..... Applicant's Signature: .....