



APPLICATION TO REQUEST ARBITRATION IN INTELLECTUAL PROPERTY RIGHTS

THE INTELLECTUAL PROPERTY LAW N° 31/2009 OF 26/10/2009
ARTICLE 13

I. Application

New Application (*Fill in all relevant fields*)

Related to:

Patent of Invention

Utility Models

Industrial Design and Models

Layout design

Marks

Geographical indication

Trade names

Copyrights

Registration No.:

II. Ground(s) for the arbitration

II. Requestor (Please cross out the type of applicant and fill in the required information accordingly)

Natural person

Organization

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

Company code/Enterprise code:	
OR	
Registration number:	
Registered Name:	

Address (Residence address if Person OR Head office address if Organization/ Foreigners fill in only Phone-Email-Country-Province/City)

Phone:		Sector:	
Email:		Cell:	
Country:		Street name and house number:	
Province:		P. O. Box:	
District:			

Representative of requestor

ID document (ID card or passport):		First Name:	
ID document number:		Middle Name:	
Country:		Last Name:	

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

Phone:		Sector:	
Email:		Cell:	
Country:		Street name and house number:	
Province:		P. O. Box:	
District:			

III. Defendant information

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

Natural person

Organization

ID document (ID card or passport):
<input type="text"/>
ID document number:
<input type="text"/>
Country:
<input type="text"/>
First name:
<input type="text"/>
Middle name:
<input type="text"/>
Last name:
<input type="text"/>

Company code/Enterprise code:
<input type="text"/>
OR
Registration number:
<input type="text"/>
Registered Name:
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Address (Residence address if Person OR Head office address if Organization/ Foreigners fill in only Phone-Email-Country-Province/City)

Phone:	<input type="text"/>	Sector:	<input type="text"/>
Email:	<input type="text"/>	Cell:	<input type="text"/>
Country:	<input type="text"/>	Street name and house number:	<input type="text"/>
Province:	<input type="text"/>	P. O. Box:	<input type="text"/>
District:	<input type="text"/>		

IV. Attachments

<input type="checkbox"/> Fee payment receipt slip	
<input type="checkbox"/> Copy of ID document	
<input type="checkbox"/> Power of attorney	
<input type="checkbox"/> Certificate of Registration	
<input type="checkbox"/> Other (evidences)

Signatures

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: Requestor's Signature: