

## REQUEST FOR THE GRANT OF A PATENT

The applicant(s) named herein hereby request(s) the grant of:

a Full Term patent (20 year) **OR**a Short Term patent (10 year) 

on the basis of the information furnished hereunder.

**1. Applicant(s)** (Full name and address of the person or of the company applying.)\*

Name(s):	JOHN SMITH	PAUL BROWN
Address(es):	12 LAKEVIEW TERRACE, BROWNSBARN, CO. KILKENNY, IRELAND.	58 SMITHFIELD AVENUE, CLONSHAUGH, DUBLIN 17, IRELAND.
Nationality(ies):	IRISH	BRITISH
Telephone(s):	056 7720000	01 2000000
Email(s):	JOHN.SMITH@EMAIL.COM	PAUL.BROWN@EMAIL.COM

\*[Extra sheet available for multiple applicants]

**2. Legal Representative**

The following is authorised to act as agent in all proceedings connected with the obtaining of a patent to which this request relates and in relation to any patent granted:

Name:	PATENT ATTORNEY INC
Address:	47 VIRGINIA AVENUE, DRAKELANDS CORPORATE PARK, LETTERKENNY, CO. DONEGAL, IRELAND.
Telephone:	074 77889955
Email:	DESK@PATENTATT.IE

**3. Address for Service** (within the EEA, to which correspondence is to be sent)

If different to address at 1 or 2

Address:	1200 RUE DE MARCHE, PARIS, FRANCE.
Telephone:	00 33 1 2338000
Email:	JOHN.SMITH@EMAIL.COM

Please tick box if you wish the Office to correspond with you by email in relation to this application

**4. Title of Invention**

PROCESS FOR FOLDING WRAPPING PAPER FOR CHOCOLATES

**5. Declaration of Priority** (If you have filed any application(s) for the same invention within the last 12 months, please enter the relevant information where a right to priority is claimed)

Country:	Date:	Number:
GB	25/11/2008	0789889.1
EP	27/12/2008	99203793

**6. Inventor(s) \***

The applicant(s) is/are the sole/joint inventor(s)	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If no, please specify the full name(s) and address(es) of the inventor(s) below:		
Name(s):	MARY JONES	
Address(es):	CANDY WRAP UNLIMITED, INC. 300 DUNMORE INDUSTRIAL ESTATE, SLIGO, IRELAND.	
Telephone(s):	071 9152000	
Email(s):	MARY.JONES@CANDYWRAP.COM	

\*[Extra sheet available for multiple inventors]

**7. Statement of right to be granted a Patent** (To be completed if applicant(s) is/are not the sole/joint inventor(s))

Please state how the applicant derived the right from the inventor to be granted a patent

By Deed of Assignment <input checked="" type="checkbox"/>	By Contract of Employment <input type="checkbox"/>
Other (please specify) <input type="checkbox"/>	

**8. Divisional Application(s)**

The following information is applicable to the present application.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Earlier Application No:	Filing Date of Earlier Application:	

**9. Items accompanying this Request**

Please tick the appropriate boxes for items sent with this application form.

(a) Filing fee (€ 60 )	<input checked="" type="checkbox"/>
(b) A written description	<input checked="" type="checkbox"/>
(c) A written claims section	<input checked="" type="checkbox"/>
(d) Drawings referred to in the descriptions or claims	<input checked="" type="checkbox"/>
(e) An abstract	<input checked="" type="checkbox"/>
(f) Copy of previous application(s) in respect of which priority is claimed	<input checked="" type="checkbox"/>
(g) Translation of previous application in respect of which priority is claimed	<input type="checkbox"/>
(h) Authorisation of agent [Form No. 5]	<input type="checkbox"/>
(i) General authorisation of agent filed on a previous application.	<input checked="" type="checkbox"/>
Earlier Application No:	Filing Date of Earlier Application:
S2007/1055	15/04/2007
(j) Supplementary sheet identifying other applicants	<input type="checkbox"/>
(k) Supplementary sheet identifying other inventors	<input type="checkbox"/>

<b>10. Signature:</b>	<i>John Smith</i>
If a company, state the position within the company of the person signing	
<b>Name in BLOCK CAPITALS</b>	<b>JOHN SMITH</b>
<b>Date:</b>	<b>13/06/2009</b>

**Extra Sheet : TO BE ATTACHED TO MAIN BODY OF APPLICATION FORM**

**1. Applicant(s)** (Full name and address of the person or of the company applying.)

Name(s):	
Address(es):	
Nationality(ies):	
Telephone(s):	
Email(s):	

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**Extra Sheet : TO BE ATTACHED TO MAIN BODY OF APPLICATION FORM**

**6. Inventor(s)**

The applicant(s) is/are the sole/joint inventor(s)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If no, please specify the full name(s) and address(es) of the inventor(s) below:				
Name(s):				
Address(es):				
Telephone(s):				
Email(s):				

The applicant(s) is/are the sole/joint inventor(s)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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