

**MINISTRY OF FOREIGN AFFAIRS, REGIONAL INTEGRATION AND INTERNATIONAL TRADE**

**THE INDUSTRIAL PROPERTY OFFICE OF MAURITIUS**

THE INDUSTRIAL PROPERTY ACT 2019

*(Regulation 3)*

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| **FORM P 1**  **APPLICATION FOR GRANT OF A PATENT** | **For Official Use**  Date of Receipt: …………………………  C. B. No: .......................…………………  Application No.: …………………………  Amount: .………………………………… |
| **Applicant’s or Agent’s File reference:**  …………………………………………. |
| 1. **TITLE OF INVENTION** | |
| ………………………………………………………………………………………………….  ………………………………………………………………………………………………….. | |
| 1. **PARTICULARS OF APPLICANT(S)** | |
| *Note: The data concerning each applicant must appear in this box or, if the space is insufficient, in the continuation sheet\**  Name: ………………………………………………………………………………....................................................  …………………………………………………………………………………………………………………………  Address: ………………………………………………………………………….........................................................  ……………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………  Nationality: ……………………………………………………………………………………  Country of Residence or Principal Place of Business: …………………………………………  Tel. No.…………………………. Fax No.………………………. Email: ……………………………… | |
| 1. **INVENTOR** | |
| Applicant is the inventor Yes  No  If the applicant is not the inventor :  Name of inventor : ….………………….……………………………………………………………..….……………………….……….  Address of inventor : ….……………………………………….………………………………………………………………..……….……  A statement justifying the applicant’s right to the patent accompanies this Form :  Yes  No | |
| 1. **AGENT *(if any*)** | |
| Name:………………………………………………………………………………………………  ………………………………………………………………………………………………………  Address:………………………………………………………………………………………………  ………………………………………………………………………………………………………  Tel. No.:………………………Fax No………………………  Email:………………………………………………………… | |
| 1. **ADDRESS FOR SERVICE (*if applicable)*** | |
| *Note: Full name and address in Mauritius to which correspondence is to be sent*  Name:  ………………………………………………………………………………………………………  ………………………………………………………………………………………………………  Address:  ………………………………………………………………………………………………………  ………………………………………………………………………………………………………  Tel. No.: ……………………Fax No.: ……………………Email: ………………………………... | |
| **6. DIVISION OF APPLICATION** | |
| This application is a divisional application  The filing date  priority date  (*Please tick*)  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 : ….……………………………………. | |
| **7. PRIORITY CLAIM** (*if any*) | |
| The priority of an earlier application is claimed as follows:  Country (*if the earlier application is a regional or international application, indicate the office with which it is filed*): ……………………………………………………………………………………………………  Filing date: ………………………………………………. Application Number: ……………………………………………  Symbol of the International Patent Classification  It not yet allocated, please tick  The priority of more than one earlier application is claimed:    The data are indicated in the continuation sheet \* Yes No    The certified copy of the earlier application is enclosed: Yes  No  ***or*** will be furnished by ……………………………………………. (date) | |
| **8. DISCLOSURES TO BE DISREGARDED FOR PRIOR ART PURPOSES**: | |
| (a) Disclosure was due to acts of applicant or his predecessor in title  Date of disclosure ……………………………….  (b) Disclosure was due to abuse or rights of applicant or his predecessor in title  Date of disclosure ……………………………….  A statement specifying full particulars of disclosure accompanies this Form:  Yes  No  If ‘No’, the statement shall be filed **within one month** from the filing of the application. | |
| **9. CHECK LIST** | |
| Enter the number of sheets for any of the following items you are filing with this form. Do not count copies of the same document  Continuation sheets of this form:-  Description  Claim(s)  Abstract  Drawing(s)  If you are filing any of the following, state how many against each item.  Priority documents  Translations of priority documents  Statement of inventorship and right to  grant a patent Deposit of microorganisms Any other documents (please specify)  ………………………………………  ………………………………………. | |
| **10. CONTINUATION SHEET**\* (at annex) | |
| Additional information is contained in continuation sheet: Yes  No | |
| **11. DECLARATION** | |
| By Applicant  I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge.  By Agent  I, the undersigned, do hereby declare that the information furnished above on behalf of the applicant is true to the best of my knowledge.  Date: ……………………………... Signature ………………………………………  \*\*(Applicant/ Agent)  \*Use this sheet for any additional information to be furnished  \*\*Delete whichever is not applicable | |
| ***Annex***  **CONTINUATION SHEET** | |