FORM 2

Fee Rs. 500

CLAIM UNDER SECTION 8(1) TO PROCEED

1 State name, address and nationality of claimants.

I (or We) hereby request that the application for Design no. _______________ of ______________ dated __________ made by ____________________________

2 State the name of the applicant(s) for Design.

__________________________________________

3 Insert ( in full ) name, address and nationality for the applicant(s) for the Design virtue of

__________________________________________

4 Give particulars of such document giving its date, the parties there of and showing how the claim here made is substantiated.

5 State the nature of the document (copy).

And in the proof whether I/We transmit the accompanying ____________ My/Our address for service in India is :-

6 To be signed by the claimant(s).

__________________________________________

7 State name address and nationality of the applicant. Dated this ______ day of __________ 19 ____________

Signature

8 To be signed by applicant(s) or authorised agent. I/We ____________ consent to the above request.

(Signature)

TO

THE CONTROLLER OF DESIGNS,
THE PATENT OFFICE, CALCUTTA.

Note: Strick out which ever is inapplicable