

# Patent and Certification of Utility Model Registration



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## Application Form for Patent or Certification of Utility Model

Reference No. \_\_\_\_\_

Applicant who has signature on this form request

For official use only

Cambodian  Patent

Filing Date: \_\_\_\_\_

Certification of Utility Model and Industrial Design

Application Number : \_\_\_\_\_

As stated in below subjection: \_\_\_\_\_

Registering Date: \_\_\_\_\_

Box 1:

Title of Patent: .....

.....

Box 2:

Applicant (Even it is not inventor) shall use this Box to certify from applicant or any person among them if there are many applicants. If it is more than one applicant (or more than one entity) that is connected, please continue to additional Box.

Person in this Box is (click only one)     Applicant and Inventor                       Applicant

Name and Address: .....

.....

Telephone (include the country code): .....

Fax: ..... E – Mail: .....

Nationality: ..... Residential Country: .....

Person in this Box is (click only one)     Applicant and Inventor                       Applicant

Name and Address: .....

.....

Telephone (include the country code): .....

Fax: ..... E – Mail: .....

Nationality: ..... Residential Country: .....

Box 3:

Inventor shall fill in separated small Box in according to each person. If these separated small Boxes do not have enough spaces, please continue to "additional box" (Please fill in here for each additional person and certify on these requests in two below small Boxes) or use "additional page"

Person in this Box is (click only one)     Applicant and Inventor                       Applicant

Name and Address: .....

.....

If the person who certify in this small Box is applicant (or Applicant and Inventor) please also certify:

Nationality: ..... Residential Country: .....

Person in this Box is (click only one)  Applicant and Inventor  Applicant

Name and Address: .....

.....

If the person who certify in this small Box is applicant (or Applicant and Inventor) please also certify:

Nationality: ..... Residential Country: .....

**Box 4:**

Agent (If any) or Co-Agent (If any). Address for notification (In case of necessity).  
Co-Agent shall be arranged in the case if there are many applicants and if there is not appointed any agent. Co-Agent shall be one of those applicants. Below person (including any legal entity) shall be appointed as Agent or Co-Agent to implement on behalf of the applicant (one or more) before the registrar officer.

Name and Address: .....

.....

Telephone (include the country code): .....

Fax: ..... E – Mail: .....

**Box 5:**

Request to separate application form.  
This request is a request to separate application form. Advantage of registering date, priority date of initial registration shall be ensured that this subjection of request to separate application form including the priority application shall be certified as follow:

Number of Priority Application: .....

Date of Priority Application: .....

**Box 6:**

Acknowledgement of Non-Use for purpose of the previous invention. The acknowledgement of Non-Use of the previous invention is more than twelve (12) months before date of registration or priority date of application:

By reason or difficulty of applicant’s activity or successor of the applicant

By reason or difficulty of violation committed by third party over the right of applicant or the successor of the applicant.

Box 7:

Warranty of Priority (If any). Please be warranty of priority date of application as following:

Country or Office where the application is filed: (If the previous application is national application or international application, it shall be certified on the office name and country name where the application is filed	Date of Registration Day/Month/Year	Application No.	Symbol of International Level of Patent
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- 1.
- 2.
- 3.
- 4.
- 5.

Letter of Certification on the previous application form

It shall be enclosed with this application  It shall be submitted within 4 months commencing from the date of registration on this application.

Box 8: Documenting Review (It shall be filled in by Applicant)

This Application is comprised of

This Application shall be enclosed with the following documentations:

1. Application ..... Sheet
2. Description ..... Sheet
3. Warranty ..... Sheet
4. Summary ..... Sheet
5. Showed Model ..... Sheet

1.  Power of Attorney to appoint Agent
2.  Photocopy of General Power of Attorney
3.  Statement on the right of Applicant
4.  Statement on some known cases that it not necessary
5.  Priority document (Refer to Box 7)
6.  Letter of Certification on the initial application
7.  Translation into English of the

Total: ..... Sheet

priority application of the priority claim shall be based

Model No. .... of the showed model (If any) shall be enclosed and summary in order to public.

- 8. Receipt of Payment
- 9. Other documents (Please clarify)

Box 9: Request to delay the publication

Do the Applicant delay the publication or not?  Yes  No

If yes, the period of delay is ..... month

Box 10:

Signature of Applicant or Agent or Co-Agent, Company Seal and Name

Signature\* ....., Date:

\* Insert Name below signature

If the current Application is signed by Agent, the Representative Applicant, it has to have Power of Attorney to appoint such Agent who signs on behalf of the Applicant. If this is a case, please use the general Power of Attorney (Kept at the Industrial Property) the photocopy of the Power of Attorney shall be enclosed with this Applicant.

It shall be filled in by registrar officer:

- 1. Date of modification or date of receiving documents what are latest submission as the fulfillment of Application.
- 2. Date of Payment .....

Additional Box shall be used in the following case:

- (1) If there are more than three people who is relevant to the Application and/or inventor, please fill in additional Box 3 and certify for each additional person on the same information as the Applicant filled in the Box 3.
- (2) If there are more than five warranty of priority, please fill in additional Box 7 and certify for each additional person on the same information as the Applicant filled in the Box 7.
- (3) If there are not enough Boxes to fill in information, please fill in the continuing Box (Insert the Box number) and please provide information on the same types as require filling in by reference to the matter of description in those Boxes that are not enough space.