



FORM 9
APPLICATION FOR REGISTRATION OF LAYOUT DESIGNS OF INTERGRATED
CIRCUITS
(regulation (30))

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
To: The Registrar [Address]	For Official Use Date of Receipt by Registrar's Office: APPLICATION No.: (Office's Stamp) FILING DATE: Applicant's or Representative's File Reference:
THE APPLICANT(S) REQUEST(S) THAT THE ACCOMPANYING LAYOUT DESIGN BE REGISTERED IN RESPECT OF THE FOLLOWING PARTICULARS:	
I. APPLICANT(S)* Additional information is contained in supplementary box <input type="checkbox"/> Name: Address: Nationality: Country of residence or principal place of business: Tel. No.: Telegraphic Address: Telex No.: Fax No.:	

The data concerning each applicant must appear in this box or, if the space is insufficient, in the supplementary box.

Form 9 (cont'd)

II. AGENT

The following agent has been appointed by the applicant(s) in the power of attorney

accompanying this Form to be filed within one month from the filing of this Form

Name:

Address:

Tel. No.: Telegraphic Address: Telex No.: Fax No.:

III. REPRESENTATIONS OF THE LAYOUT DESIGN; SPECIMEN

This Form is accompanied by

- four graphic representations
- four drawings or tracings
- a specimen of the layout design

IV. CREATOR

The creator is the applicant Additional information is contained in supplementary box

If creator is not the applicant:

Name:

Address:

The statement justifying the applicant's right accompanies this form

Form 9 (cont'd)

V. PRODUCTS	
The kind of products for which the layout design is to be used is (are) the following:	
VI. EXPLOITATION	
Date of first exploitation:	
Country of first exploitation:	
VI. PRIORITY CLAIM (if any)	
The priority of an earlier application is claimed as follows:	
Country:	Filing Date:
	Application No.:
The priority of more than one earlier application is claimed; the data are indicated in the supplementary box <input type="checkbox"/>	
The certified copy of the earlier application	
<input type="checkbox"/>	accompanies this Form
<input type="checkbox"/>	will be furnished within three months of the filing of this Form
VII. FEES	accompany this Form <input type="checkbox"/>
VIII. SUPPLEMENTARYBOX*	

* Use this box if any of the boxes is not large enough to contain information to be furnished. Indicate the boxes continued in this box by their Roman numerals and title (e.g., "II. APPLICANT(S) (continued)").

Form 9 (cont'd)

SUPPLEMENTARY BOX (cont'd)	
IX. SIGNATURE(S)	
..... (Applicant(s)/Agent*)	(Date)
..... (Applicant(s)/Agent*)	(Date)
* Type name(s) under signature and delete whichever does not apply.	
TO BE FILLED IN BY THE REGISTRAR	
1. Date application received:	
2. Date of receipt of corrections, later filed papers completing the application:	
3. Date fees received:	

(Form 9, fourth and last page)