

OFFICE DJIBOUTIEN DE LA PROPRIÉTÉ

INDUSTRIELLE ET COMMERCIALE

(ODPIC)

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REPUBLIQUE DE DJIBOUTI

UNITE – EGALITE – PAIX

PATENT OF INVENTION OR CERTIFICATE OF ADDITION

Deposit

(Form for Request of Entry into National Phase under Articles 22 of the Patent Cooperation Treaty)

PCT
BR1

This form is to be typewritten legibly without stripes no overwritten.

1. APPLICATION FOR :	RESERVED FOR ODPIC
Patent of invention <input type="checkbox"/>	Date of entry of the national phase:
Certificate of addition <input type="checkbox"/>	
National patent applications N° or PCT N° or PCT publication N°:	
3. APPLICANT(S) :	
(Please specify the name or the legal name and full address).	
If there are multiple applicants (In the case of joint proprietorship), use the form « Suite » and check the box <input type="checkbox"/>	
4. INVENTOR(S) :	
Name & Surname :	
Full address :	
If there are multiple inventors, use the form « Suite » and check the box <input type="checkbox"/>	
5. The applicant has appointed as a representative (power attorney):	
(Please specify the name or legal name and the full address) .	

6. The changes that have not been registered to the International Office of the WIPO (please specify it on an additional sheet) :

7. Address for correspondence :

9. REQUIRED DOCUMENTS :

- ☐ 1-The original the main document (description, claims, abstract, and drawings)
- ☐ 2- Potential amended claims under Article 19 of PCT
- ☐ 3-A copy of the search report and written opinion
- ☐ 4- Receipt of the deposit of biological material
- ☐ 5- Confirmation of payment (In the case of a bank transfer)
- ☐ 6- Others documents (specify) :.....

**10. SIGNATURE OF THE APPLICANT
OR HIS REPRESENTATIVE :**

(name and title of the signatory)

11. RESERVED FOR ODPIC

(stamp and signature)



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Certificate of addition <input type="checkbox"/>	
National patent applications N° or PCT N° or PCT publication N°:	
APPLICANT :	
Name & Surname or Legal name :	
Address or head office :	
Telephon :	E-Mail address:
APPLICANT :	
Name & Surname or Legal name :	
Address or head office :	
Telephon :	Fax : E-Mail address :
APPLICANT :	
Name & Surname or Legal name :	
Address or head office :	
Telephon :	Fax : E-Mail address:
APPLICANT :	
Name & Surname or Legal name :	
Address or head office :	
Telephon:	Fax : E-Mail address :
SIGNATURE OF APPLICANT OR HIS REPRESENTATIVE : (name and title of the signator)	RESERVED FOR ODPIC (stamp and signature)



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INVENTOR :	
Name & Surname :	
Address:	
INVENTOR :	
Name & Surname :	
Address :	
INVENTOR :	
Name & Surname :	
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INVENTOR :	
Name & Surname :	
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Certificate of addition <input type="checkbox"/>			
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PRIORITY CLAIM (When appropriate):			
	Filing N°	Filing Date	Country
Priority			
Priority			
Priority			
Priority			
Priority			
Priority			
Priority			
Priority			
Priority			
SIGNATURE OF THE APPLICANT OR HIS REPRESENTATIVE : (name and title of the signator)		RESERVED FOR ODPIC (Stamp and signature)	