## REPUBLIC OF CROATIA STATE INTELLECTUAL PROPERTY OFFICE

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## **REQUEST**

## for the entry in the Register of Authorized Patent Representatives – law firms

| 1.                    | Name of the law firm  |  |   |
|-----------------------|---|--|---|
| 2.                    | Personal identification number  |  |   |
| 3.                    | Address of the law firm's principal place of business, telephone and fax number and email address   |  |   |
| 4.                    | Name and surname and address of the attorney employed with the law firm under point 1 or cooperating with the law firm under point 1 pursuant to some other contractual relationship, and who has passed the professional examination for a patent representative |  |   |
| 5.                    | Class and file number and date of the patent representative certificate issued for the professional examination passed (for the attorney under point 4)   |  |   |
| 6.                    | Enclosures to the request   |  | Evidence of the attorney's under point 4 employment with the law firm under point 1 or the law firm's under point 1 cooperation with the attorney under point 4 pursuant to some other contractual relationship |
|                       |   |  | Evidence of procedural charges payment  |
| In                    |   |  |   |
| Applicant's signature |   |  |   |