IP Assistance Request Form

Name:	**Office/Unit:**	
Email:	**Date:**	**Tel.:**

1. Please check the appropriate box. Request for:

• Inquiry on IP Filings • Inquiry and Assistance on Commercialization • Patent Drafting • Patent or Prior Art Search • IP Training Request	• Others

2. IP Asset Information if Applicable:

IP Type • Invention/Patent • Utility Model • Trademark • Industrial Design • Copyright • Geographical Indication	**Patent Number:** **Title:**

3. For Commercialization Assistance

What Specific Assistance are you seeking for?

• Looking for Technology Adopter • IP Valuation • Licensing Advice • Online Promotion	• Others:

Discussion

In order for us to better understand your requirements and provide the most effective assistance, we kindly request that you discuss your query or assistance needs in detail. We welcome any relevant information or context that may help us to fully grasp the nature of your request. Whether you require specific guidance or a broader understanding of our services, we are committed to providing tailored solutions that meet your needs. Thank you for taking the time to communicate with us and we look forward to assisting you in any way we can.

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Prepared by: *(Name and Signature)*	**Office/Unit/Department:**

Response and Recommendation

To be filled up by the MMSU UITSO

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Prepared by: *(Name and Signature)*	**Office/Unit/Department:**

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