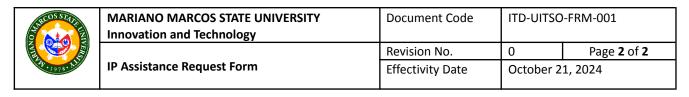
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	IP Assistance Request Form	Revision No.	0	Page <b>1</b> of <b>2</b>
		Effectivity Date	October 21, 2024	

## **IP Assistance Request Form**

Name:	Office/Unit:					
Email:	Date: Tel.:					
Please check the appropriate box. Request for						
1. Please check the appropriate box. Request for.						
Inquiry on IP Filings	Others					
	Others					
Inquiry and Assistance on Commercialization						
Patent Drafting						
Patent or Prior Art Search						
IP Training Request						
2. IP Asset Information if Applicable:						
ID Torre	-					
71	Patent Number:					
• Invention/Patent Title:						
Utility Model						
• Trademark						
Industrial Design						
Copyright						
Geographical						
Indication						
maication						
3. For Commercialization Assistance						
o. Tor commercialization Assistance						
What Specific Assistance	e are you seeking for?					
Looking for Technology Adopter	- Care you conting for i					
• IP Valuation • Others:						
Licensing Advice						
Online Promotion						
- Online i fortional						
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.						
Prepared by:	Office/Unit/Department:					
(Alama and Cimatum)						
(Name and Signature)  Response and Recommendation						
To be filled up by the MMSU UITSO						

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

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