# UNIVERSITY OF SANTO TOMAS

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# Search Application Form

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| **UST O.R. No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Received number:** | ⬜⬜⬜⬜**/**⬜⬜**-**⬜**⬜** |
| **Application No.:** |  | **Submitted date:** |  |
| **Type of submission:** | ⬜Patent Search ⬜IP Advise⬜IP Training | ⬜Others. Please indicate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Type of search:** |  |
| **Principal inventor:** |  |
| **Co-inventor:** |  |
| **Telephone number:** |  | **Fax:** |  |
| **E-mail:** |  | **Preferred Contact** | ⬜ Phone  ⬜ Fax  ⬜ E-mail |
| **Institute/Company:** |  |
| **Delivery route:** | ⬜E-submission ⬜In Person |
| **Documents submitted:**  | ⬜Complete⬜Incomplete, will submit on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Required documents:** | ⬜ Invention Disclosure Form⬜ Confidentiality Agreement⬜ Full Manuscript (as necessary)⬜ Application Form⬜ Signed Conforme⬜ Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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 SIGNATURE OF CLIENT                  DATE

**TABLE OF FEES**

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| **Check if applicable** | **Type of Service** | **Amount** | **Remarks** |
| 🞏 | Patent Search (Novelty, State of the Art, Patentability only) | Php 5,000.00 |  |
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