



OFFICE FOR HARMONIZATION IN THE INTERNAL MARKET (OHIM)

APPLICATION FOR REGISTERED COMMUNITY DESIGN

For receiving office	Date of receipt (DD/MM/YYYY) / /	Number of pages (including this one) 	Mod.001
For OHIM	/ /		

Application Type	Applicant/representative reference (not more than 20 characters)										
Multiple application <input type="checkbox"/>	*Language										
Number of designs <input type="checkbox"/>											
Deferment ¹ <input type="checkbox"/>	Language of the application or ISO code <input type="text"/>										
Specimen ² <input type="checkbox"/>	Second language <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">ES</td> <td style="width: 20px; text-align: center;">DE</td> <td style="width: 20px; text-align: center;">EN</td> <td style="width: 20px; text-align: center;">FR</td> <td style="width: 20px; text-align: center;">IT</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	ES	DE	EN	FR	IT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ES	DE	EN	FR	IT							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Applicant³	ID number <input type="text"/>	<input type="checkbox"/> legal entity	<input type="checkbox"/> natural person
*Name of legal entity or first name and surname			
Legal form of the entity			
Tel, fax, e-mail			
*Address			
Street and number			
City and postal code			
Country			
Postal address (if different)			
Nationality / State of incorporation			

Representative³	ID number <input type="text"/>
Name	
Tel, fax, e-mail	
Address	
Street and number	
City and postal code	
Country	
Postal address (if different)	
Type of representative	<input type="checkbox"/> legal practitioner <input type="checkbox"/> professional representative <input type="checkbox"/> association of representatives <input type="checkbox"/> employee

Fee check-list	TOTAL	*Payment of fees
Registration fee (1st design)	230 €	Current account with OHIM
for 2 nd to 10 th design (115 € x ...)	€	<input type="checkbox"/> Account No <input type="text"/>
from 11 th onwards (50 € x ...)	€	<input type="checkbox"/> Do not use my current account with OHIM
Publication fee (1st design) 120 €	€	Transfer to account of OHIM
for 2 nd to 10 th design (60 € x ...)	€	<input type="checkbox"/> Banco Bilbao Vizcaya Argentaria
from 11 th onwards (30 € x ...)	€	<input type="checkbox"/> La Caixa
Fee for deferment of publication (1st design) 40 €	€	Date of transfer (DD/MM/YYYY) / /
for 2 nd to 10 th design (20 € x ...)	€	
from 11 th onwards (10 € x ...)	€	
TOTAL AMOUNT PAID	€	

Signature	*Signature
Name <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

#DS001EN

¹ Mandatory details
¹ Please tick the box if the application contains at least one design of which publication is deferred
² Please tick the box if the application contains at least one specimen of a two-dimensional design
³ If more than one or if space provided is not sufficient, please continue on the attachment sheet



APPLICATION FOR REGISTERED COMMUNITY DESIGN (continuation)

Reproduce this sheet in case of more than 1 design (use 1 sheet per design)

<input type="checkbox"/> Tick the box if the following data is the same for all designs contained in the application		Mod.002
Design number <input type="text"/> out of total of <input type="text"/>	Applicant name	
*Indication of product(s)¹ <input type="checkbox"/> Same indication of product for all designs	Locarno classification	
Convention priority²	<input type="checkbox"/> Same priority for all designs	<input type="checkbox"/> Document attached
Country of first filing or ISO	<input type="text"/>	
Date of first filing ³	/ /	
Filing number	<input type="text"/>	
Exhibition priority²	<input type="checkbox"/> Same priority for all designs	<input type="checkbox"/> Document attached
Name of the exhibition	<input type="text"/>	
Date and place ³	/ /	
Date of first disclosure ³	/ /	
Designer²	<input type="checkbox"/> Same designer for all designs	<input type="checkbox"/> Waiver
Name	<input type="text"/>	
Address	<input type="text"/>	
Miscellaneous	<input type="checkbox"/> Request for deferment of publication	<input type="checkbox"/> Number of views
	<input type="checkbox"/> Design filed with a specimen ⁴	
Brief description of the representation/specimen⁵		
<input type="text"/>		

* Mandatory details

¹ Indicate the usual generic name of the product(s) in which the design is intended to be incorporated or to which it is intended to be applied, preferably using the term(s) included in the EuroLocarno Database. If the space provided is not sufficient, please continue on the attachment sheet

² If more than one, please continue on the attachment sheet

³ (DD/MM/YYYY)

⁴ Filing with a specimen is only allowed in the case of deferment (see explanatory notes)

⁵ Please continue on the attachment sheet if the space provided is not sufficient

page number

of



REPRESENTATION/SPECIMEN SHEET

Reproduce this sheet if space is not sufficient
A representation / specimen per design is mandatory

Number of views	Design number(s)	out of total of	Applicant name

Mod.003

page number

	of	
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ATTACHMENT SHEET

Applicant name

Mod.004

This sheet should be used for any additional information relating to :

additional applicant, additional representative, additional priority, additional designer, indication of product, brief description.

Please specify the field name(s) for each additional information

page number

	of	
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