



Designs Form DF2A

Official fee due with this form

Application to register one or more designs

Concept House
Cardiff Road
Newport
South Wales
NP10 8QQ

Please read the guidance note below about filling in this form.

1. Your reference.	
2. If you are applying for more than one design, please state the total number. How many of these designs do you wish to have published and registered immediately?	
3. Full name and address (including postcode) of the applicant. Designs ADP number (if you know it). If you are applying in the name of a company, where is it incorporated? If incorporated in the USA, in which state is it incorporated?	
4. Full name and address (including postcode) of your agent or your contact address if not the same as in section 3 above. Designs ADP number (if you know it).	
5. Fees enclosed.	
6. Signature of the applicant or their representative.	
Name in BLOCK CAPITALS.	
Date.	
7. Name and daytime phone number of the person we should contact in case of query. You may also provide your e-mail address.	
How many pages are you sending us?	This is sheet 1 of

Note:

Section 5: If this application contains more than one design, attach a Designs Ready Reckoner sheet.

This is the (for example, first) design out of a total of designs

You must answer the questions below for each design. For multiple applications, please copy this sheet as many times as you need.

A. Name of the applicant.	
B. Which product or products is the design for?	
C. How many illustration sheets are there for this design?	
D. Write "RSP" if this is the design of a pattern which repeats across the surface of a product, for example, wallpaper.	
E. If you wish, you may give a brief description of the design shown in the illustration or sample.	
F. List any limitations or disclaimers you want to record.	
G. Do you agree that we should publish this design as soon as possible? Please state yes or no.	
H. If you are claiming priority from an earlier application to register this design, give these details.	Priority date Country Application number
I. If the earlier application was made in a different name, say how the current applicant has a right to apply. If, for example, by assignment of the earlier application, give the date of the transaction.	

Notes: **You MUST answer all of the questions above which are shown in BOLD print.**

Please phone us on 08459 500 505 if you need help to fill in this form.

Checklist Tick the box if you have included priority documents with this application

Illustration sheet

This is the _____ (for example, first) design out of a total of _____ designs
