



Inventor Assistance Program (IAP)

Application for Pro Bono Legal Assistance

Please e-mail completed application form and one (1) completed Confidentiality Agreement to Companies and Intellectual Property Commission (CIPC) [the necessary e-mail address will be provided upon consultation with CIPC]

IAP Requirements

To be eligible under the IAP, an applicant must meet four criteria:

- Basic knowledge of the patent system. You must be able to demonstrate a basic knowledge of the patent system. You can do this in two ways:
 - By successfully completing the [online IAP training module](#);
- **Income level:** Your income must be below the threshold determined by the country in question.
- **Eligible invention:** You must have an invention that qualifies for the IAP. Decisions on the eligibility of inventions are taken by the screening board of the Companies and Intellectual Property Commission (CIPC).
- **Residence:** You must be a resident in the country in which the request is made, and that country must be a [participant in the IAP](#).

When you submit your application to CIPC; you and a representative of the CIPC will sign a [confidentiality agreement](#) guaranteeing that your data will not be disclosed to the public. This is important because publically disclosing information about an invention prior to filing a patent application may prevent an applicant from obtaining a valid patent for that invention due to patentability requirements.



Applicant Contact Information

Applicant name (family name, given name) ("Applicant"):

Business name (for a legal entity, please provide full official designation):

Home address:

City:

State/Province/Region:

Postal Code/Zip Code:

Country of Residence:

Country of Nationality:

Telephone No. (Business):

Telephone No. (Mobile/Home):

Fax No.:

E-mail Address:

Applicant Knowledge of Patent System

1. Have you successfully completed the IAP training module? If you answered Yes, please submit the module completion certificate together with this application.

 Yes No

2. Do you have a pending patent application for the invention that is the subject of this application at the patent office of an [IAP participant country](#)?

 Yes No



3. If you answered Yes to Question 2, please provide the date of filing and application number, if available.

Applicant Financial Information

4. What is your gross monthly household Income? Please indicate currency:

5. What do you rely on as your primary source of household income? Indicate only one:

- | | |
|--|--|
| <input type="checkbox"/> Self-employed (full-time) | <input type="checkbox"/> Self-employed (part-time) |
| <input type="checkbox"/> Full-time Job | <input type="checkbox"/> Part-time Job |
| <input type="checkbox"/> Social Security/Social Protection | <input type="checkbox"/> Other |

6. What is the monthly turnover of your business? (Please indicate currency)

7. Please attach a copy of your most recent business tax form to this application. Please note that in case of application of two or more inventors for the same invention, the sum of the income of all inventors has to be below the economic threshold to have access to the IAP.

Invention Information

8. Inventor Name (family name, given name):

9. Title of Invention:

10. Category of invention (e.g., medical device for drug delivery, chemical composition for cleaning paint, method for treating postpartum endometriosis):



Companies and Intellectual
Property Commission
a member of **the dti** group

11. Description of the invention:

What is the solution to the problem?

Is it a product/process etc.?

How does it work?



Why or how is the proposed solution better?

How much is it better in solving the problem?

(Any supporting data to back up your claims over what is currently available?)

Is there proof of science?



12. Full name of person(s) who have helped conceive or build an embodiment of the invention (for example, helped with ideas, efforts, financial support or any other form of support):

13. Full name of person(s) or company(ies) who may own or have rights to the invention:

14. Name of current employer, date hired, your position/title:

15. Past employer(s) and date(s) or employment (within the past three years):

16. Person(s) or company(ies) with whom you have entered into a confidentiality agreement, non-competition agreement or other agreement that relates to the invention:

17. Have you already received assistance from a patent attorney/agent in the past in connection with the invention that is the subject of this application?

Yes

No

18. If you answered Yes to Question 17, please provide the name of the attorney and firm and describe the reason for terminating the relationship:

Waiver

The Applicant waives all claims and remedies against the World Intellectual Property Organization (WIPO) and the World Economic Forum (the Forum).



Certification

The Applicant certifies that the information contained in this application is to the best of the Applicant's knowledge complete and accurate.

Communication Authorization

The Applicant authorizes WIPO, the applicable screening board and potential volunteer attorney(s) to use the contact information provided above to communicate in relation to this application and any pro bono legal services resulting therefrom.

Further, by providing an e-mail address, the Applicant acknowledges that any correspondence from WIPO, the applicable screening board and potential volunteer attorney(s) will, at their discretion, be sent only electronically.

Applicant Signature:

Date (day/month/year):