

INVENTION DISCLOSURE FORM



PERSONAL INFORMATION:

Your Name:

Address:

Postcode:

Telephone:

Mobile:

Email:

INFORMATION RELATING TO BACKGROUND OF INVENTION:

e.g. Products/processes that already exist

PROBLEMS:

Problems associated with the previous type of products/processes which your invention solves

DESCRIPTION:

A brief description of the key aspects, components and/or method steps of your invention

LIST ALL THE ADVANTAGES OF YOUR INVENTION:

Information as to why your invention is cheaper, better, faster etc than existing devices

WHEN COMPLETE PLEASE SEND OR FAX THIS FORM TO:

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Fax number: 01929 421341

www.ipconsult.co.uk