

INVENTION DISCLOSURE FORM



PERSONAL INFORMATION

Your Name:

Address:

Postcode:

Telephone:

Mobile:

Email:

Once completed, please
send this form to our
Southampton Office

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

[Empty box for describing problems associated with previous products/processes]

DESCRIPTION

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

[Empty box for describing the key aspects, components and/or method steps of the 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 POST, FAX OR EMAIL THIS FORM TO

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