



## Certificate of training or employment

under Article 11(2)(a) REE and Rules 1 and 15 IPREE

A separate certificate is to be completed for **each** period of training or employment.

### Candidate

Surname

Title

First name(s)

### 1. Employer at the time of training

Company

Address

Postal code

City/Town

Country

### 2. Training/Employment type

During the period of training or employment, I am/was trained or employed:

full-time

part-time

In case of part-time employment, please specify the percentage and the reasons:

Please select one:      Training under the supervision of a European patent attorney (Article 11(2)(a)(i) REE)  
→ go to point 3

Employment (Article 11(2)(a)(ii) REE) as part of which I represent my employer before the EPO  
→ go to point 4

### 3. Trainer's details (Article 11(2)(a)(i) REE only)

Surname

First name(s)

Telephone

Email

Patent attorney firm

Address

Postal code

City/Town

Country

### Trainer's declaration

I hereby declare that the above mentioned candidate is/was trained under my supervision in accordance with Article 11(2)(a)(i) REE and that all information given is correct. **I undertake to inform the Examination Secretariat without delay should any of this information change or cease to apply.**

The period of training began on \_\_\_\_\_ and finished/will finish on \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

Signature of Trainer \_\_\_\_\_

### 4. Employer's details (Article 11(2)(a)(ii) REE only)

Candidate's General Authorisation Number No: \_\_\_\_\_ since: \_\_\_\_\_

A list of European Patent Applications or patents for which the candidate has represented his employer before the EPO must be annexed. A sample can be found under FAQ on the EQE website.

Company name \_\_\_\_\_

Address \_\_\_\_\_

Postal code \_\_\_\_\_ City/Town \_\_\_\_\_

Country \_\_\_\_\_

### Employer's declaration

I hereby declare that the above mentioned candidate is/was trained in our company in accordance with Article 11(2)(a)(ii) REE and that all information given is correct. **I undertake to inform the Examination Secretariat without delay should any of this information change or cease to apply.**

The period of training began on \_\_\_\_\_ and finished/will finish on \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

*Name and signature of the person entitled to sign for the company employing the candidate (e.g. president, authorised officer). Proof of this entitlement must be annexed.*

### 5. Declaration and candidate's signature

I hereby certify that the information given above is correct, and **that I undertake to inform the Examination Secretariat without delay should any of this information change or cease to apply.** I acknowledge that failure to do so may result in this certificate not being accepted as valid by the Examination Secretariat.

Place \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

*Please print, sign and upload or email the completed form.*