Invention Disclosure of an Object of Industrial Property Protection

**Name of solution:**

**Form of protection:**

**Representative of inventors:**

**Department:**

**UCT Prague, IČ 60461373; Share ….%**

**Partner 1:**

Share …%

**Authors from UCT Prague:**

**1. Name, address**.... Share …%

**2. Name, address**.... Share …%

I agree with filing the application; the related administration and maintenance fees will be paid from operating funds of the department, from the inventors´ project, paid supplementary activity, or other resources of the department / faculty. I agree that the authorized employee of the Technology Transfer Office gives respective orders to the accounting department. I agree with processing of personal data by the employee of the Technology Transfer Office. The representative of the inventors will render necessary assistance in filing the application, payment of administrative fees and other costs related to the protection.

I will refrain from disclosure of information regarding the object of industrial property rights to third parties within UCT Prague and outside thereof until I am released from the obligation to maintain confidentiality by UCT Prague.

Date: Representative of inventors ……………………………

Date: Inventor 2 ……………………………

Date: Inventor 3 ……………………………

Date: Head of Department ……………………………

**Opinion of UCT:** ....................................................................................................................

Signature of Vice-Rector for R&D Dated in Prague ................ .....................................