

Application For Extension Of The Duration of a Supplementary Protection Certificate

The applicant named herein hereby requests the grant of A Supplementary Protection Certificate on the basis of the information furnished hereunder:

1. Type of Product

| | |
|------------------------|--|
| SPC Application Number | |
|------------------------|--|

| | |
|---------------------------|--|
| Date of Application/Grant | |
|---------------------------|--|

2. Applicant(s) (Full name and address of the person or of the company applying.)

| | |
|-------------|--|
| Name | |
| Address | |
| Nationality | |
| Telephone: | |
| Email: | |

3. Legal Representative

The following is authorised to act as agent in all proceedings connected with the obtaining of a supplementary protection certificate to which this request relates and in relation to any certificate granted:

| | |
|------------|--|
| Name | |
| Address | |
| Telephone: | |
| Email: | |

4. Address for Service (within the EU, to which correspondence is to be sent)

If different to address at 2 or 3

| | |
|------------|--|
| Address | |
| Telephone: | |
| Email: | |

Please tick box if you wish the Office to correspond with you by email in relation to this application

5. Number of the Basic Patent

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6. Title of Invention

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7. Product Identity (as defined in Article 1 of Council Regulation (EEC) No. 1768/92)

| | |
|---------|--|
| Product | |
|---------|--|

8. ITEMS ACCOMPANYING THIS REQUEST - tick as appropriate.

- I Fee €
- II Copy of the statement indicating compliance with an agreed completed paediatric investigation plan as referred to in Article 36(1) of Regulation (EC) No 1901/2006.
- III Proof of authorisation(s) to place the product on the market of all Member States, as referred to in Article 36(3) of Regulation (EC) No 1901/2006.

| | |
|---|--|
| 9. Signature: | |
| If a company, state the position within the company of the person signing | |

| | |
|-------------------------------|--|
| Name in BLOCK CAPITALS | |
|-------------------------------|--|

| | |
|--------------|--|
| Date: | |
|--------------|--|