FORM NO. 8.

Name(es):
Address(es):

## **PATENTS ACT 1992**

(as amended)

Reference No. of Applicant or	
Authorised Agent	

## REQUEST FOR CONTROLLER'S CERTIFICATE AUTHORISING THE RELEASE OF A SAMPLE OF BIOLOGICAL MATERIAL TO EXPERT

1. Person(s) making the request (Full name and address(es) of each person or company applying)

Capacity(ies):		
Telephone(s):		
Email(s):		
2. Application N	umber	
	Full name(s) and address(es) of the applicant)	
Name(s):		
Address(es):		
Tolonhone (as):		
Telephone(es):		
Email(s):		
4. Depository in	stitution in which the biological material is deposited	
Name:		
Address:		
Telephone:		
Email:		
5. Accession Number of the deposit		

6. Expert Nomin	ated:
Name:	
Address:	
Capacity:	
Telephone:	
Email:	
7. Undertaking b	by Expert
applicant(s), if a sa - not to make th request or any - not to use the	e person nominated at 6 and hereby undertake, for the benefit of the ample of the biological material is made available to me e sample, or any sample derived from it, available to the person making this other person sample or any sample derived from it other than for experimental purposes subject matter of the invention.
Signature:	
Name in BLOCK CAPITALS:	
	T
Date:	
8. Declaration	
of the application rematerial to which the lower accordingly re	) making this request, declare that the invention disclosed in the specification eferred to at 2 above requires for its performance the use of a biological ne information at 4 and 5 above relates. Equest that a certificate of the Controller authorising the release of a sample aterial be sent to the person nominated at 6.
Signature(s):	
Name(s) in BLOCK CAPITALS:	
Date:	
Date.	