FIRST SCHEDULE

Regulation 3.
Reference No. of Applicant or Authorised Agent

Request For The Grant Of A Supplementary Protection Certificate

The applicant(s) named herein hereby request(s) the grant of a Supplementary Protection Certificate on the basis of the information furnished hereunder:

1. Type of Product

Medicinal Product	
Plant Protection Product	

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

6. Title of Invention

7. Product Identity

(i) Product (i.e. active ingredient or combination of active ingredients) for which a certificate is requested.	
(ii) Information to satisfy the Controller that the product at 7 (i) above is protected by the basic patent identified at 5 above.	

8. Market Authorisation

(i) The following information relates to the first authorisation to place the product, the subject of this request, on the market in Ireland:

Authorisation Number	
Authorisation Date	
Identity of product thus authorised	
Legal provision under which such Authorisation took place	

(ii) If the information at (i) does not relate to the first authorisation to place the product, the subject of this request, on the market in the EC, please state

Country which granted the first such Authorisation	
Authorisation Number(s)	
Authorisation Date	
Identity of product thus authorised	
Legal provision under which such Authorisation took place:	

9. Items Accompanying This Request - tick as appropriate.

I	Fee €	☐
II	Copy of the authorisation specified in Article 8 1.(b) of the corresponding Regulation in which the product is identified, containing in particular the number and date of the authorisation and the summary of the product characteristics listed in Article 4a of Directive 65/65/EEC, Article 5a of Directive 81/851/EEC or Article 4 of Directive 91/414/EEC.	☐
III	Where appropriate, the information and a copy of the notice specified in Article 8 l.(c) of the corresponding Regulation.	☐

10. Signature:	
If a company, state the position within the company of the person signing	

Name in BLOCK CAPITALS	

Date:	