



Patents Form 14

Patents Act 1977 (*Rule 32*)

Request to reinstate a patent application

(See the notes on the back of this form)

Concept House
Cardiff Road
Newport
South Wales
NP10 8QQ

1. Your reference

2. Patent application number

3. Full name of the applicant or of
each applicant

Patents ADP number

(if you know it)

4. What is the reason for reinstatement?

(Continue on a separate sheet if necessary)

(See note c)

5. I/We request the above application be reinstated

Signature

Date

6. Name, e-mail address, telephone, fax and / or
mobile number, if any, of a contact point for the
applicant

Patents Form 14

Notes

- a) *If you need help to fill in this form or you have any questions, please contact the Office on 08459 500505.*
- b) *Write your answers in capital letters using black ink or you may type them.*
- c) *You should provide supporting evidence with this form. If you do not, the Office will set a deadline for submitting the evidence.*
- d) *Once you have filled in this form remember to sign and date it*
- e) *For details of the fee and ways to pay, please contact the Office.*