



Patents Form 14
Patents Act 1977 (*Rule 32*)

Concept House
Cardiff Road
Newport
South Wales
NP10 8QQ

Request to reinstate a patent application
(*See the notes on the back of this form*)

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 0300 300 2000.*
- 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.*