



**Patents Form SP1**

Patents Act 1977 (Rules 116(1))

**Application for grant of a Supplementary Protection Certificate**

*(See the notes on the back of this form. You can also get an explanatory booklet from the Office to help you fill in this form)*

Concept House  
Cardiff Road  
Newport  
South Wales  
NP10 8QQ

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1. Your reference

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2. Certificate application number

*(The Office will fill in this part)*

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3. Full name, address and postcode of the or of each applicant *(underline all surnames)*

ADP number *(if you know it)*

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4. Name of your agent *(if you have one)*

“Address for service” in the European Economic Area or Channel Islands to which all correspondence should be sent *(including the postcode) (see note (e))*

ADP number *(if you know it)*

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5. Are you applying for a certificate under  
(a) the EC Regulation for medicinal products (No. 1768/92)?  
(b) the EC Regulation for plant protection products (No. 1610/96)?

*(Answer by writing (a) or (b))*

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6. What is the product that you want to protect?

*(Identify the active ingredient(s) or active substance(s). If possible use chemical or generic names)*

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7. Number, title and expiry date of the basic patent (GB or EP(UK)). If the patent was granted after the date of authorization at 8 below, give the patent grant date also.

Number

Title

Expiry Date  
*(day/month/year)*

Grant Date  
*(day/month/year)*

*(The expiry date is the day before the 20<sup>th</sup> anniversary of the filing date)*

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8. Number and date of the first authorization to place the product on the market in the UK <i>(Articles 3 and 8(1)(b) of the EC Regulations)</i>	Number	Date <i>(day/month/year)</i>
9. Where the authorization at 8 is not the first authorization to place the product on the market in the Community, give the information requested about the first such authorization  <i>(Article 8(1)(c) of the EC Regulations; see also note (d) below)</i>	State and Number  Identity of the product authorized  Legal provision under which the authorisation took place	Date <i>(day/month/year)</i>
10. If you are filing any of the following documents, state which <i>(Answer by writing (a) -(e) as appropriate)</i>  (a) Copy of a UK authorization at 8 above <i>(Article 8(1)(b) of the EC Regulations)</i>  (b) Notice publishing authorization at 9 above <i>(Article 8(1)(c) of the EC Regulations)</i>  (c) Verified translation of (b) if not in English  (d) Information showing that the product is protected by the basic patent  (e) Other <i>(please specify)</i>		
11. I/We request the grant of a certificate on the basis of this application.	Signature	Date
12. Name, e-mail address, telephone, fax and/or mobile number, if any, of a contact point for the applicant		

### Reminder

**Documents relating to an application for a certificate will normally be open to public inspection. If you want us to keep copies of any documents such as marketing authorizations (or parts of them) confidential, you must ask for this on of filing or sending the document. You must give reasons for your request.**

### 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) *If there is not enough space for all the relevant details on any part of this form, please continue on a separate sheet of paper and write "see continuation sheet" in the relevant part(s). Any continuation sheet should be attached to this form.*
- d) *In some cases, an authorization in a state which is not an EU Member State, but is a party to the European Economic Area Agreement, may constitute the first authorization in the Community. Please refer to the Office's explanatory booklet (as updated from time to time by notices in the Journal) for further information. This explains the effect of a first authorization in Switzerland in relation to Liechtenstein.*
- e) *Although you may have an address for service in the Channel Islands, any agent you appoint to act for you must reside in or have a place of business in the European Economic Area or Isle of Man.*
- f) *Once you have filled in the form remember to sign and date it.*
- g) *For details of the fee and ways to pay please contact the Office.*