



**Patents Form SP3**

Patents Act 1977 (*Rule 76(3)*)

Application for declaration of lapse or invalidity, or to  
revoke an extension of the duration of a supplementary  
protection certificate

*(See the notes on the back of this form) (See the notes on the back of this form)*

Concept House  
Cardiff Road  
Newport  
South Wales  
NP10 8QQ

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1. Your reference:

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2. Certificate number:

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3. Full name of the or of each certificate holder

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4. Your full name, address and postcode

ADP number *(if you know it)*

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5. Is this application for:

(a) A declaration of lapse under Article 14(d)  
of the EC Regulation for medicinal  
products (No. 1768/92)?

(b) A declaration of invalidity under Article 15  
of the EC Regulation for medicinal  
products (No. 1768/92)?

(c) Revocation of an extension of the duration  
of a supplementary protection certificate under  
Article 15a of the EC Regulation for medicinal  
products (No. 1768/92)?

(d) A declaration of lapse under Article 14(d)  
of the EC Regulation for plant protection  
products (No. 1610/96)?

(e) A declaration of invalidity under Article 15  
of the EC Regulation for plant protection  
products (No. 1610/96)?

*(answer by writing (a), (b), (c), (d) or (e))*

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

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

ADP number *(if you know it)*

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7. Signature Date

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

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### 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) of the form. Any continuation sheets should be attached to this form.*
- d) *You must file this form in duplicate.*
- e) *You must also file two copies of a statement in which you should set out*
  - *the facts and grounds which you rely on*
  - *what you want the Office to decide*
- f) *Although you may have an address for service in the Channel Islands, any agent you may appoint to act for you must reside in or have a place of business in the European Economic Area or Isle of Man.*
- g) *Once you have filled in the form remember to sign and date it.*
- h) *For details of the fee and ways to pay, please contact the Office.*