

4. Full name and address of agent (if any) :

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Agent's Registration (if known) :

Agent's own reference :

Tel No:

Telegraphic Address:

Telex No:

Fax No:

5. Grounds of Opposition:

(If the space provided is insufficient, please continue on a separate sheet which must be firmly annexed to this Form).

Signature :

Name of the signatory (in block letters) :

Date :

Note:- 1. A copy of this Form must be sent to the opponent at his address for service.

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