

Patent Form No. 6A
 PATENTS ACT 1983 AND PATENTS
 REGULATIONS 1986

**APPLICATION TO RECORD SECURITY INTEREST
 TRANSACTION**

[Sections 17A and 39(2A)]
 [Regulations 34(1A) and 45(3)]

To: The Registrar of Patents
 Patent Registration Office
 Malaysia

For Official Use

APPLICATION NO.:

Filing Date:

Application received on:

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Please submit this Form together with the
 prescribed fee.

Applicant's or Agent's file reference

I. IN THE MATTER OF:

*Patent/Certificate Application No.:		Filing Date:	
*Patent/Certificate No.:		Date of Grant:	

II. APPLICANT(S):

Name	:	
I.C./Passport No.	:	
Address	:	
Telephone Number (<i>required</i>)	:	
Email address (<i>required</i>)	:	

III. DETAILS OF SECURITY HOLDER(S):

Name	:	
I.C./Passport No./Company Registration No.	:	
Capacity of Security Holder (example: Financial Institution, Authority Body)	:	
Address	:	
Telephone Number (<i>required</i>)	:	
Email address (<i>required</i>)	:	

IV. APPLICATION:

The applicant(s) applies/apply to the Registrar to record the security interest transaction of the above-mentioned *patent application/patent/certificate application/certificate.

Document proving the security interest transaction is attached with this request.

Effective date (please specify):

V. ADDITIONAL INFORMATION accompanies this Form:

Yes No

VI. DECLARATION AND SIGNATURE:

By Person Filing the Form

I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge.

By Agent (An agent signing this Form on behalf of the applicant shall satisfy himself as to the truth of the declaration)

I, the undersigned, do hereby declare that:

- i. I have been duly appointed and authorized to act as an agent on behalf of the person(s) filing this form.
- ii. the information furnished above on behalf of the person(s) filing this form is true to the best of the applicant(s)' knowledge.

Signature:	
Name of signatory:	
Official capacity of signatory:	* Security holder/Agent for Security holder
If Agent, indicate Agent's Registration No.:	
Date:	

Signature:	
Name of signatory:	
Official capacity of signatory:	* Owner/Agent for Owner

If Agent, indicate Agent's Registration No.:	
Date:	

Attention:

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* Delete whichever does not apply