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| **National Depositary Authority Form No. 4**PATENTS ACT 1983  | **For Official Use** |
| COMPLAINT AGAINST NATIONAL DEPOSITARY AUTHORITY [Sections 26C(2) and 87(2)(fa)][Regulation 9 of Patents (National Depositary Authority) Regulations 2022] | Request received on: ….…….………………………………. |
| Fee received on: ...…………...…………………………… Amount: …………………………………….……………….\*Cheque/Postal Order/Bank Draft/Local Order/Credit Card/ Debit Card No.: ……………………………………………. |
| To: The Registrar of Patents Patent Registration Office Malaysia |  |
| Please submit this Form | together | with | the | Applicant’s or Agent’s file reference: |
| prescribed fee. |  |  |  | …………………………………………………………………. |
| 1. IN THE MATTER OF:

|  |  |  |
| --- | --- | --- |
| National Depository Authority Reference Number | : |  |

 |
| 1. PERSON LODGE COMPLAINT (the data concerning the person must appear in this box or, if

 the space insufficient, in the space below):

|  |  |  |
| --- | --- | --- |
| Name  | : |  |
| I.C/Passport No.  | : |  |
| Address | : |  |
| Address for service in Malaysia | : |  |
| Nationality | : |  |
| \*Permanent residence or principal place of business  | : |  |
| Telephone Number *(required)* | : |  |
| Email address *(required)* | : |  |

 |
| 1. COMPLAINT:

Complaint against the above-mentioned National Depository Authority as follows: ……………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………….. |
| 1. ADDITIONAL INFORMATION accompanies this Form:

 [ ]  Yes [ ]  No  |

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| 1. 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:* + 1. I have been duly appointed and authorized to act as an agent on behalf of the person(s) filing this form.
		2. 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: |  |
| **Notes for Official capacity of signatory:** |
| **Applicant(s) or common representative as specified in regulation 11/Authorized person of Applicant(s) as specified in regulation 50/Agent** |
| If Agent, indicate Agent’s Registration No.: |  |
| Date: |  |

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\*Delete whichever does not apply