

<p>Patents Form No. 19B PATENTS ACT 1983 AND PATENTS REGULATION 1986</p> <p>APPLICATION FOR VOLUNTARY CANCELLATION AS A PATENT AGENT [Section 86(3)] [Regulation 45FA(1)]</p> <p>To: The Registrar of Patents Patent Registration Office Malaysia</p>	<p>For Official Use</p> <p>Application received on:</p> <p>Fee received on:</p> <p>Amount:</p> <p>*Cheque/Postal Order/Bank Draft/Local Order/Credit Card/ Debit Card No.:</p>																					
<p>Please submit this Form together with the prescribed fee.</p>	<p>Applicant's file reference: </p>																					
<p>I. APPLICANT:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name</td> <td style="width: 5%;">:</td> <td style="width: 65%;"></td> </tr> <tr> <td>I.C./Passport No.</td> <td>:</td> <td></td> </tr> <tr> <td>Nationality</td> <td>:</td> <td></td> </tr> <tr> <td>Address</td> <td>:</td> <td></td> </tr> <tr> <td>*Permanent residence or domicile</td> <td>:</td> <td></td> </tr> <tr> <td>Telephone Number (<i>required</i>)</td> <td>:</td> <td></td> </tr> <tr> <td>Email address (<i>required</i>)</td> <td>:</td> <td></td> </tr> </table>		Name	:		I.C./Passport No.	:		Nationality	:		Address	:		*Permanent residence or domicile	:		Telephone Number (<i>required</i>)	:		Email address (<i>required</i>)	:	
Name	:																					
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Address	:																					
*Permanent residence or domicile	:																					
Telephone Number (<i>required</i>)	:																					
Email address (<i>required</i>)	:																					
<p>II. APPLICATION:</p> <p>The applicant applies to the Registrar for cancellation as a patent agent in accordance regulations 45FA of the Patents Act 1983.</p>																						
<p>III. PROOF:</p> <p><input type="checkbox"/> Proof that I, the patent agent has ceased to act on behalf of the patent applicant, owner of patent or any person that I represented accompanies this Form.</p>																						
<p>IV. ADDITIONAL INFORMATION accompanies this Form:</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																						
<p>V. DECLARATION AND SIGNATURE:</p> <p><input type="checkbox"/> By Person Filing the Form I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge.</p>																						

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Name of signatory:	
Agent's Registration No.:	
Date:	
Telephone Number: <i>(required)</i>	
E-mail address: <i>(required)</i>	

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* Delete whichever does not apply