Patents Form No. 2A PATENTS ACT 1983 AND PATENTS REGULATIONS 1986 ENTERING NATIONAL PHASE FOR INTERNATIONAL APPLICATION [Sections 17A, 780(1) and 780A(1)] [Regulation 25A(1)] To: The Registrar of Patents Patent Registration Office Malaysia Please submit this Form together with the prescribed fee and/or reinstatement fee for the international application.				For Official Use APPLICATION NO.: Filing Date: Application received on: Fee received on: Amount: *Cheque/Postal Order/Bank Draft/Local Order/Credit Card/Debit Card No.: Applicant's or Agent's file reference:					
I.	I. APPLICANT(S):								
	Name	:							
	I.C./Passport No.	:							
	Address	:							
	Address for service in Malaysia	:							
	Nationality	:							
	*Permanent residence or principal place of business	:							
	Telephone Number (field required)	:							
	Email address (field required)	:							
II.	□ SECTION 780								
	□ SECTION 780A								
	INTERNATIONAL APPLICATION	ON NO):						
III.	TYPE OF PROTECTION:								
	\Box PATENT								
	☐ UTILITY INNOVATION								

IV.	AGI	ENT:						
	App	plicant has appointed a patent agent in accompanying an appointment or chan	nge of patent agent form					
		\square Yes \square No						
	Age	ent's Registration No.:						
V.	DEF	POSIT OF MICRO-ORGANISM: □Yes □No						
	Inf	Formation of the deposit of micro-organism are as follows:						
	1.	Name of the Depositary Authority**:						
	2. Address of the Depositary Authority**:							
	3. Date of deposit:							
	4. Accession number of the deposit:							
		-						
	5. Micro-organism deposited by applicant: \square Yes \square No (please fill below)							
		If the depositor is not the applicant:						
	Name of depositor:							
		Address of depositor:						
	6.	Declaration by the depositor under Regulation 7(1A)(d):						
		□Yes □ No						
		□ 1es □ No						
VI.	СН	ECK LIST:						
•	A. This application contains the following:							
		 request description (exclude any sequence listing part of the description), se 	ee no.6 sheets					
		below	sheets					
		3. claim no. of claim(s)	sneets					
		4. abstract	sheets					
		5. drawings (where required)	sheets					
		6. sequence listing part of the description (if any) Total no. of sheets	sheets sheets					
]	В. ′	This Form, as filed, is accompanied by the items checked below:						
		1. duly signed form for appointment or change of patent agent						
		2. declaration that inventor does not wish to be named in the patent						
		3. statement justifying applicant's right to the patent						
		4. sequence listing submitted in physical storage computer device						
		5. statement that certain disclosure be disregarded						
		6. priority document (certified copy of earlier application)						

	application fee other documents (specify): NAL INFORMATION accompanies this Form: Yes No TION AND SIGNATURE: By Person Filing the Form I, the undersigned, do hereby declare that the information furnished above is true to the best			
ADDITIO	NAL INFORMATION accompanies this Form: Yes No TION AND SIGNATURE: By Person Filing the Form I, the undersigned, do hereby declare that the information furnished above is true to the best			
DECLARA	☐ Yes ☐ No ATION AND SIGNATURE: By Person Filing the Form I, the undersigned, do hereby declare that the information furnished above is true to the best			
DECLARA	TION AND SIGNATURE: By Person Filing the Form I, the undersigned, do hereby declare that the information furnished above is true to the best			
	By Person Filing the Form I, the undersigned, do hereby declare that the information furnished above is true to the best			
]	I, the undersigned, do hereby declare that the information furnished above is true to the best			
	, 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)			
ii. the information furnished above on behalf of the person(s) filing this form is true to the best of the applicant(s)' knowledge.				
Signatu	ire:			
Name o	of signatory:			
Officia	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 Ager No.:	at, indicate Agent's Registration			
Date:				
į	Name of Official Notes f Applica Applica If Agen No.: Date: tention: is an offe	i. I have been duly appointed and authorized to act as an agent on behalf of the person filing this form. ii. the information furnished above on behalf of the person(s) filing this form is true to 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:		

^{*} Delete whichever does not apply
** Depositary Authority refers to International Depositary Authority or National Depositary Authority