Patents Form No. 14 PATENTS ACT 1983 AND PATENTS REGULATIONS 1986	For Official Use
APPLICATION FOR GRANT OF A CERTIFICATE FOR A UTILITY INNOVATION [Sections 17A and 26C] [Regulation 45(1)] To: The Registrar of Patents Patent Registration Office Malaysia	Filing Date: Application received on: Fee received on: Amount: *Cheque/Postal Order/Bank Draft/Local Order/Credit Card/ Debit Card No.:
Please submit this Form together with the prescribed fee.	Applicant's or Agent's file reference:
THE APPLICANT(S) REQUEST(S) THE GRANT C RESPECT OF THE FOLLOWING:	OF A CERTIFICATE FOR A UTILITY INNOVATION IN

I. Title of Invention:

II. APPLICANT(S) (the data concerning each applicant 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)	:	

III. INNOVATOR:

Applicant is the innovator

□ Yes

If the applicant is not the innovator:

Name of innovator:	
Address of innovator:	

 \Box No

	A state:	ment justifying the applicant's right to the certificate accompanies this	Form:	□ Yes	🗆 No
IV.	AGENT	OR REPRESENTATIVE:			
	Applicat	nt has appointed a patent agent in accompanying appointment or chan	ge of pa	tent agent	form:
		\Box Yes \Box No			
	Applica	registration No.: ts have appointed ir representative			
V.		DNAL APPLICATION: application is a divisional application			
	□ The b	enefit of the filing date \Box priority date			
		itial application is claimed in as much as the subject-matter of the prese al application identified below:	ent applic	ation is cor	ntained in
		application/Immediate preceding application No.:			
	Initial	for Initial application/Immediate preceding application: application refers to the earliest application liate preceding application refers to any application other than the ear	liest appli	ication	
VI.	DISCLO	OSURE TO BE DISREGARDED FOR PRIOR ART			
	PURPO	SES: Additional information is contained in supplemental box:			
	(a)	Disclosure was due to acts of applicant or his predecessor in title			
		Date of disclosure:			
		Disclosure was due to abuse of rights of applicant or his predecessor			
		in title Date of disclosure:			
	(c)	A statement specifying in more detail the facts concerning the disclosure accompanies this Form	□Yes	□No	
VII.	PRIOF	RITY CLAIM (if any):			
	The p	riority of an earlier application is claimed as follows:			
	Count	ry (if the earlier application is a regional or international application, in	dicate the	office wit	h which
	it is fi	led):			
	Filing	Date:			
	Applie	cation No.:	•••••		

Symbol of the International Patent Classification:	
It not yet allocated, please tick:	
The priority of more than one earlier application is claimed: \Box YesThe certified copy of the earlier application (s) accompanies this Form \Box Yes	
The certified copy of the earlier application (s) accompanies this Form \Box YesIf No, it will be furnished by:	□ No
VIII. DEPOSIT OF MICRO-ORGANISM: □Yes □No	
Information of the deposit of micro-organism are as follows:	
 A. Furnish upon filing □ 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: \Box Yes \Box No (please fill bel	ow)
If the depositor is not the applicant:	
Name of depositor:	
Address of depositor:	
6. Declaration by the depositor under Regulation 7(1A)(d):	
\Box Yes \Box No	
B. Furnish within 16 months from filing date or priority date \Box	
Additional Information (if any):	
\Box Yes \Box No	
IX. CHECKLIST:	
A. This application contains the following:	
1. request	
 request description (exclude any sequence listing part of the description), see no.6 below 	sheets
3. claim	sheets
 abstract drawings (where required) 	sheets
6. sequence listing part of the description (if any)	sheets
Total no. of sheets	sheets

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 duly signed form declaration that i statement justifyi sequence listing s statement that ce priority documen information relat biological resour Benefit Sharing I cheque/postal ord application fee 	companied by the items checked below: a for appointment or change of patent agent inventor does not wish to be named in the patent ing applicant's right to the patent submitted in physical storage computer device ertain disclosure be disregarded at (certified copy of earlier application) ting to biological resource or traditional knowledge associated wit rec (pursuant to regulation 12(2) Access to Biological Resources a Regulations 2020)	
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8. cheque/postal or application fee	Regulations 2020)	
9. other documents	der/bank draft/local order/credit card/debit card for the payment o	of 🗆
	(specify):	🗆
X. ADDITIONAL INFORMATION	ON accompanies this Form:	
□ Yes	□ No	
KI. DECLARATION AND SIGN	NATURE:	
□ <u>By Person Filing</u>	the Form	
	I, do hereby declare that the information furnished above is true to	the best of my
knowledge.	, do hereby declare that the information furnished above is the to	the best of my
By Agent (An ageof the declaration)	ent signing this Form on behalf of the applicant shall satisfy himse)	elf as to the truth
I, the undersigned	l, do hereby declare that:	
i. I have be filing this	een duly appointed and authorized to act as an agent on behalf of t s form.	the person(s)
	mation furnished above on behalf of the person(s) filing this form ne applicant(s)' knowledge.	is true to the
Signature:		
Name of signatory:		
Official capacity of signa	atory:	
Notes for Official capac	ity of signatory:	
	n representative as specified in regulation 11/Authorized perso	on of
	d in regulation 50/Agent	
If Agent, indicate Agent' No.:	's Registration	
Date:		
1		
Attention:		

imprisonment for a term not exceeding two years or to both.
* Delete whichever does not apply
** Depositary Authority refers to International Depositary Authority or National Depositary Authority