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| **Patents Form No. 14**  PATENTS ACT 1983 AND PATENTS REGULATIONS 1986  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 | **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.: ……………………………………………. |
| Please submit this Form together with the prescribed fee. | Applicant’s or Agent’s file reference:  ………………………………………………………………… |
| THE APPLICANT(S) REQUEST(S) THE GRANT OF A CERTIFICATE FOR A UTILITY INNOVATION IN RESPECT OF THE FOLLOWING:  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  No | |
| If the applicant is not the innovator:   |  |  | | --- | --- | | Name of innovator: |  | | Address of innovator: |  | |  |  | | |
| A statement justifying the applicant’s right to the certificate accompanies this Form:  Yes  No | |
| IV. AGENT OR REPRESENTATIVE: | |
| Applicant has appointed a patent agent in accompanying appointment or change of patent agent form:  Yes  No | |
| Agent’s registration No.: …………….…………………………….………………………….………………….  Applicants have appointed ….………………………………………………………………….…………………..  to be their representative | |
| V. DIVISIONAL APPLICATION:  This application is a divisional application    The benefit of the filing date  priority date  of the initial application is claimed in as much as the subject-matter of the present application is contained in the initial application identified below:  \*Initial application/Immediate preceding application No.: ….…………………………………………………  \*Filing Date of Initial application/Immediate preceding application: ……………………………………………   |  | | --- | | **Notes for Initial application/Immediate preceding application:** | | **Initial application** refers to the earliest application | | **Immediate preceding** **application** refers to any application other than the earliest application | | |
| VI. DISCLOSURE TO BE DISREGARDED FOR PRIOR ART PURPOSES:   |  |  |  | | --- | --- | --- | | Additional information is contained in supplemental box: | | | | (a) | Disclosure was due to acts of applicant or his predecessor in title |  | | Date of disclosure: | ………………… | | (b) | 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. PRIORITY CLAIM (if any):  The priority of an earlier application is claimed as follows:  Country (if the earlier application is a regional or international application, indicate the office with which it is filed): ….……………………………………………………………………………………….….  Filing Date: ……………………………………………………….……………………………………  Application No.: ……………………………………………………….………………………………   |  |  | | --- | --- | | Symbol of the International Patent Classification: | | | It not yet allocated, please tick: | | | The priority of more than one earlier application is claimed: | Yes  No | | The certified copy of the earlier application (s) accompanies this Form | Yes  No | | If No, it will be furnished by: …………………….. (date) |  | | |
| VIII. DEPOSIT OF MICRO-ORGANISM: Yes No  Information of the deposit of micro-organism are as follows:     1. Furnish upon filing 2. Name of the Depositary Authority\*\*: ………………………………………………………………… 3. Address of the Depositary Authority\*\*: ……………………………………………………………… 4. Date of deposit: …………………………………………………. 5. Accession number of the deposit: ………………………………………………………….………… 6. Micro-organism deposited by applicant: Yes No (please fill below)   If the depositor is not the applicant:  Name of depositor: ….………………….……………………………………….……………………….…  Address of depositor: ….…………………………………………………….……………………………...   1. Declaration by the depositor under Regulation 7(1A)(d):   Yes  No   1. Furnish within 16 months from filing date or priority date ☐ | |
| Additional Information (if any):  Yes ☐ No | |
| IX. CHECKLIST:   |  |  |  | | --- | --- | --- | | A. | This application contains the following: | | |  | 1. request | | |  | 1. description (exclude any sequence listing part of the description), see no.6 below | .………. sheets | |  | 1. claim | ……….. sheets | |  | 1. abstract | ……….. sheets | |  | 1. drawings (where required) | ……….. sheets | |  | 1. sequence listing part of the description (if any) | ……….. sheets | |  | Total no. of sheets | ……….. sheets |  |  |  |  | | --- | --- | --- | | B. | This Form, as filed, is accompanied by the items checked below: |  | |  | 1. duly signed form for appointment or change of patent agent |  | |  | 1. declaration that inventor does not wish to be named in the patent |  | |  | 1. statement justifying applicant’s right to the patent |  | |  | 1. sequence listing submitted in physical storage computer device |  | |  | 1. statement that certain disclosure be disregarded |  | |  | 1. priority document (certified copy of earlier application) |  | |  | 1. information relating to biological resource or traditional knowledge associated with a biological resource (pursuant to regulation 12(2) Access to Biological Resources and Benefit Sharing Regulations 2020) |  | |  | 1. cheque/postal order/bank draft/local order/credit card/debit card for the payment of application fee |  | |  | 1. other documents (specify): …………………………………………………………… |  | |  |  |  | | |
| X. ADDITIONAL INFORMATION accompanies this Form:  Yes  No | |
| XI. 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: | |  |   **Attention:**  **It is an offence under section 63 of the Patent Act 1983 to make or cause to be made a false entry in any Register and that person may be liable to a fine not exceeding RM15,000.00 (Fifteen Thousand Ringgit) or to 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