Patents Form No. 26B PATENTS ACT 1983 AND PATENTS REGULATION 1986	For Official Use  REFERENCE NO.:	
ADDITIONAL GROUND(S) OF OPPOSITION AGAINST	Request received on:	
THE GRANT OF PATENT OR UTILITY INNOVATION	Request received on.	
[Subregulation 43B(1)]	Fee received on:	
T TI D ' CD (	Amount:	
To: The Registrar of Patents Patent Registration Office	*Cheque/Postal Order/Bank Draft/Local Order/Credit Card/	
Malaysia	Debit Card No.:	
Please submit this Form and relevant document in duplicate	Interested Derson's or Agent's File Deferences	
together with the prescribed fee	Interested Person's or Agent's File Reference:	
together with the presented rec		
I. IN THE MATTER OF:		
*Patent No. / Certificate No.:  Date of Grant:		
Title of the invention:		
**Opposition reference No.:		
II. INTERESTED PERSON:		
Name :		
Address :		
Telephone Number :		
(required)		
Email Address :		
(required)		
III. ADDITIONAL GROUNDS OF OPPOSITION:		
The interested person(s) request(s) the Registrar to ref additional ground set out below in accordance with Se	For the patent identified above for invalidation based on the ection 55A(1) of the Patents Act 1983.	
Please select Grounds of opposition	Evidence/ Materials to support	
(x)	(Please indicate and mark clearly in the attachment)	
□ Non-patentable (Section 13)	<u> </u>	
Prohibited Matters (Section 31(1))		
Others: (Please specify)		
, 2	tinue on a separate sheet and attach firmly to this Form.	
if the space provided above is insufficient, prease con-	mas on a separate sheet and atmen mining to this t offit.	

·	DECLAR	ATION 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 interested person 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 personal control of t			
		filing this form.  ii. the information furnished above on behalf of the person(s) filing this form is true to the best of the applicant(s)' knowledge.	
	Signat	ture:	
	Name	of signatory:	
	Offici	al capacity of signatory:	
	Notes for Official capacity of signatory: Applicant(s) or common representative as specified in regulation 11/Authorized person of interested person(s) as specified in regulation 50/Agent		
	If Age No.:	ent, indicate Agent's Registration	

to imprisonment for a term not exceeding two years or to both.

\* Delete whichever does not apply

<sup>\*</sup> Delete whichever does not apply

\*\*Opposition reference number assigned upon filing Notice of Opposition