

SCHEDULE 1

Rule 2

PART I

REVISED PATENTS FORM NO 50/77

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THE PATENT OFFICE

PATENTS ACT 1977

PATENTS FORM NO. 50/77

REQUEST FOR EXTENSION OF TIME OR PERIOD UNDER RULE 110(3)

Please write or type in BLOCK LETTERS using dark ink. For details of current fees please contact the Patent Office

Enter the full name(s) of the person(s) making the request

Mark the appropriate box(es) with an 'x'. This form may not be used to extend more than one time or period unless the times or periods expire on the same day

Please sign here ►

Attention is drawn to rules 90 and 106 of the Patents Rules 1982

1. Application Number	<input type="text"/>		
2. Name			
3. Rule(s) prescribing the time(s) or period(s) to be extended			
<input type="checkbox"/> 6(2)	<input type="checkbox"/> 25(2)	<input type="checkbox"/> 33(4)	<input type="checkbox"/> 82(2)
<input type="checkbox"/> 6(6)	<input type="checkbox"/> 25(3)	<input type="checkbox"/> 34	<input type="checkbox"/> 82(3)
<input type="checkbox"/> 15(1)	<input type="checkbox"/> 26	<input type="checkbox"/> 79B	<input type="checkbox"/> 83(3)
<input type="checkbox"/> 17(2)	<input type="checkbox"/> 33(2)	<input type="checkbox"/> 81(2)	<input type="checkbox"/> 85(1)
<input type="checkbox"/> 23	<input type="checkbox"/> 33(3)	<input type="checkbox"/> 81(3)	<input type="checkbox"/> 85(3)
4. Signature:		Date: _____	
		Day Month Year	

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PART II  
ADDITIONAL FORMS

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THE PATENT OFFICE

PATENTS ACT 1977

PATENTS FORM NO. 52/77

REQUEST FOR EXTENSION OF TIME OR  
PERIOD UNDER RULE 110(3A)

Please write or type in BLOCK LETTERS using dark ink. For details of current fees please contact the Patent Office

Enter the full name(s) of the person(s) making the request

Mark the appropriate box(es) with an 'x'. This form may not be used to extend more than one time or period unless the times or periods are to be extended to a common date

Enter the date on which the extension would expire if allowed

Please sign here ►

Attention is drawn to rules 90 and 106 of the Patents Rules 1982

**This form must be accompanied by a statement setting out fully the reasons for requesting the extension**

1. Application Number	<input type="text"/>																				
2. Name	  																				
3. Rule(s) prescribing the time(s) or period(s) to be extended	<table border="0"> <tr> <td><input type="checkbox"/> 6(2)</td> <td><input type="checkbox"/> 25(2)</td> <td><input type="checkbox"/> 33(4)</td> <td><input type="checkbox"/> 82(2)</td> </tr> <tr> <td><input type="checkbox"/> 6(6)</td> <td><input type="checkbox"/> 25(3)</td> <td><input type="checkbox"/> 34</td> <td><input type="checkbox"/> 82(3)</td> </tr> <tr> <td><input type="checkbox"/> 15(1)</td> <td><input type="checkbox"/> 26</td> <td><input type="checkbox"/> 79B</td> <td><input type="checkbox"/> 83(3)</td> </tr> <tr> <td><input type="checkbox"/> 17(2)</td> <td><input type="checkbox"/> 33(2)</td> <td><input type="checkbox"/> 81(2)</td> <td><input type="checkbox"/> 85(1)</td> </tr> <tr> <td><input type="checkbox"/> 23</td> <td><input type="checkbox"/> 33(3)</td> <td><input type="checkbox"/> 81(3)</td> <td><input type="checkbox"/> 85(3)</td> </tr> </table>	<input type="checkbox"/> 6(2)	<input type="checkbox"/> 25(2)	<input type="checkbox"/> 33(4)	<input type="checkbox"/> 82(2)	<input type="checkbox"/> 6(6)	<input type="checkbox"/> 25(3)	<input type="checkbox"/> 34	<input type="checkbox"/> 82(3)	<input type="checkbox"/> 15(1)	<input type="checkbox"/> 26	<input type="checkbox"/> 79B	<input type="checkbox"/> 83(3)	<input type="checkbox"/> 17(2)	<input type="checkbox"/> 33(2)	<input type="checkbox"/> 81(2)	<input type="checkbox"/> 85(1)	<input type="checkbox"/> 23	<input type="checkbox"/> 33(3)	<input type="checkbox"/> 81(3)	<input type="checkbox"/> 85(3)
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<input type="checkbox"/> 23	<input type="checkbox"/> 33(3)	<input type="checkbox"/> 81(3)	<input type="checkbox"/> 85(3)																		
4. Extension required	<p style="text-align: right;">_____/_____/_____ Day Month Year</p>																				
5. Signature:	<p style="text-align: right;">Date: ____/____/_____ Day Month Year</p>																				
Reminder	<p>Have you attached</p> <p>Statement of reasons for requesting an extension of time or period <input type="checkbox"/></p>																				

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THE PATENT OFFICE

PATENTS ACT 1977

PATENTS FORM NO. 53/77

ADDITIONAL FEE FOR EXTENSION OF TIME  
OR PERIOD UNDER RULE 110(3C)

Please write or type in **BLOCK LETTERS** using dark ink. For details of current fees please contact the Patent Office

Enter the full name(s) of the applicant(s)

Please sign here ►

Attention is drawn to rules 90 and 106 of the Patents Rules 1982

1. Application Number	<input type="text"/>
2. Name	<input type="text"/>
3. Signature:	<input type="text"/>
Date:	<input type="text"/> Day Month Year

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THE PATENT OFFICE

PATENTS ACT 1977

PATENTS FORM NO. 54/77

FILING OF TRANSLATION OF EUROPEAN PATENT (UK) UNDER SECTION 77(6)(a)

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Please write or type in BLOCK LETTERS using dark ink. For details of current fees please contact the Patent Office

Enter the name and address of the proprietor(s) of the European Patent (UK). If you do not have enough space please continue on a separate sheet

Enter the date on which the mention of the grant of the European Patent (UK) was published in the European Patent Bulletin, or, if it has not yet been published, the date on which it will be published

A UK Address for Service MUST be provided to which all communications from the Patent Office will be sent

Please sign here ►

Attention is drawn to rules 90 and 106 of the Patents Rules 1982

**This form must be filed in duplicate and must be accompanied by a translation into English in duplicate of:**

- 1) the whole description
- 2) those claims appropriate to the UK (in the language of the proceedings)
- 3) all drawings, whether or not these contain any textual matter but excluding the front page which contains bibliographic information. The translation must be verified to the satisfaction of the comptroller as corresponding to the original text

1. European Patent Number	<input style="width: 95%;" type="text"/>						
2. Name  Address							
3. European Patent Bulletin Date:	<table style="margin: auto; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Day</td> <td style="border: none; text-align: center;">Month</td> <td style="border: none; text-align: center;">Year</td> </tr> </table>	_____	_____	_____	Day	Month	Year
_____	_____	_____					
Day	Month	Year					
4. Name of Agent (if any)  Agent's Patent Office ADP number (if known)	<input style="width: 95%;" type="text"/>						
5. Address for Service  Postcode							
6. Signature:	Date: <table style="margin: auto; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Day</td> <td style="border: none; text-align: center;">Month</td> <td style="border: none; text-align: center;">Year</td> </tr> </table>	_____	_____	_____	Day	Month	Year
_____	_____	_____					
Day	Month	Year					
Reminder							
Have you attached							
One duplicate copy of this form	<input type="checkbox"/>						
Two copies of the Translation	<input type="checkbox"/>						
Any continuation sheets (if appropriate)	<input type="checkbox"/>						

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THE PATENT OFFICE

PATENTS ACT 1977

PATENTS FORM NO. 55/77

FILING OF TRANSLATION OF AMENDMENT OF  
EUROPEAN PATENT (UK) UNDER SECTION 77(6)(b)

Please write or type in **BLOCK LETTERS** using dark ink. For details of current fees please contact the Patent Office

Enter the name and address of the proprietor(s) of the European Patent (UK). If you do not have enough space please continue on a separate sheet

Enter the date on which the amended European Patent (UK) was published by the European Patent Office, or, if it has not yet been published, the date on which it will be published

A UK Address for Service **MUST** be provided to which all communications from the Patent Office will be sent

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Attention is drawn to rules 90 and 106 of the Patents Rules 1982

**This form must be filed in duplicate and must be accompanied by a translation into English in duplicate of either the amendment or preferably the whole of the amended European Patent (UK). The translation must be verified to the satisfaction of the comptroller as corresponding to the original text**

1. European Patent Number	<input type="text"/>
2. Name  Address	
3. Amended European Patent Publication Date:	_____ Day Month Year
4. Name of Agent (if any)  Agent's Patent Office ADP number (if known)	<input type="text"/>
5. Address for Service  Postcode	
6. Signature:	Date: _____ Day Month Year
Reminder	
Have you attached	
One duplicate copy of this form	<input type="checkbox"/>
Two copies of the Translation	<input type="checkbox"/>
Any continuation sheets (if appropriate)	<input type="checkbox"/>

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THE PATENT OFFICE

PATENTS ACT 1977

PATENTS FORM NO. 56/77

REQUEST FOR PUBLICATION OF TRANSLATION  
OF CLAIMS OF APPLICATION FOR EUROPEAN  
PATENT (UK) FILED UNDER SECTION 78(7)

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Enter the name and address of the applicant(s) for the European Patent (UK). If you do not have enough space please continue on a separate sheet

A UK Address for Service MUST be provided to which all communications from the Patent Office will be sent

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Attention is drawn to rules 90 and 106 of the Patents Rules 1982

**This form must be filed in duplicate and must be accompanied by a translation into English in duplicate of the claims of the Application for a European Patent (UK). The translation must be verified to the satisfaction of the comptroller as corresponding to the original text**

1. European Publication Number	<input type="text"/>
2. Name  Address	
3. Name of Agent (if any)  Agent's Patent Office ADP number (if known)	<input type="text"/>
4. Address for Service   Postcode	
5. Signature:  Date: _____ Day Month Year	
Reminder Have you attached	
One duplicate copy of this form	<input type="checkbox"/>
Two copies of the Translation	<input type="checkbox"/>
Any continuation sheets (if appropriate)	<input type="checkbox"/>

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THE PATENT OFFICE

PATENTS ACT 1977

PATENTS FORM NO. 57/77

REQUEST FOR PUBLICATION OF CORRECTED  
TRANSLATION OF EUROPEAN PATENT (UK) OR  
APPLICATION FOR EUROPEAN PATENT (UK)  
FILED UNDER SECTION 80(3)

Please write or type in BLOCK LETTERS using dark ink. For details of current fees please contact the Patent Office

Enter the name and address of the proprietor(s) of, or the applicant(s) for, the European Patent (UK). If you do not have enough space please continue on a separate sheet

A UK Address for Service MUST be provided to which all communications from the Patent Office will be sent

Please sign here ►

Attention is drawn to rules 90 and 106 of the Patents Rules 1982

**This form must be filed in duplicate and must be accompanied by a corrected version, in duplicate, of the whole of the incorrect translation. The translation must be verified to the satisfaction of the comptroller as corresponding to the original text**

1. European Patent or Publication Number

2. Name

Address

3. Name of Agent (if any)

Agent's Patent Office ADP number (if known)

4. Address for Service

Postcode

5. Signature:

Date:           
Day Month Year

Reminder

Have you attached

One duplicate copy of this form

Two copies of the Translation

Any continuation sheets (if appropriate)