FORM IP 1
Request for Extension of Time

1. NATURE OF REQUEST

Tick as applicable

- [ ] Patent
- [ ] Utility Model
- [ ] Layout Design
- [ ] Plant Varieties
- [ ] Industrial Design
- [ ] Mark
- [ ] Geographical Indication

2. DETAILS OF IP RIGHT

Title/Mark Name: ………………………………………………………………………………………
………………………………………………………………………………………………………………..
Application No. (where applicable): ……………………………………………………………
Filing Date: ……………………………………………………………………………………………

3. APPLICANT (person making the request)

Name: …………………………………………………………………………………………………
………………………………………………………………………………………………………………..
Address: …………………………………………………………………………………………………
………………………………………………………………………………………………………………..
………………………………………………………………………………………………………………..
Tel No.: ……………………… Fax No.: ………………………
Email: …………………………………………………………………………………………………
4. **AGENT (if any)**

Name: ……………………………………………………………………………………………………………………..
…………………………………………………………………………………………………………………..
…………………………………………………………………………………………………………………..

Address: ……………………………………………………………………………………………………………………..
…………………………………………………………………………………………………………………..
…………………………………………………………………………………………………………………..

Tel. No.: ……………………..Fax No………………..Email: …………………………

5. **EXTENSION OF TIME REQUEST DETAILS**

Is this the first request for an extension of time for this relevant matter?

Yes ☐    No ☐

If ‘No’ indicate number of prior extension of time request(s) filed ☐

Duration of extension requested for: …□…Weeks    …□……Month/s

Extension of Time in Relation to:

☐ Grounds of Opposition   ☐ Counterstatement

☐ Priority Documents   ☐ Power of Attorney

☐ Other (specify): ………………………………………………………………………………………………..
…………………………………………………………………………………………………………………..
…………………………………………………………………………………………………………………..
…………………………………………………………………………………………………………………..

Reason for Extension of Time Request: …………………………………………………………………………..
…………………………………………………………………………………………………………………..
…………………………………………………………………………………………………………………..
…………………………………………………………………………………………………………………..

*Note: If the space provided is insufficient, please use a separate sheet*
6. DECLARATION

By Applicant

I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge.

By Agent

I, the undersigned, do hereby declare that the information furnished above on behalf of the applicant is true to the best of my knowledge.

Date: …………………………………Signature ……………………………………………………………….. *(Applicant/ Agent)

* Delete whichever is not applicable

For Official Use Only

Decision:

(a) The request for extension of time is approved for ........ week(s)/month(s) from

 ........................................ until ...............................................................

(b) The request for extension is rejected.

Authorised Signature:

Name: ........................................................................................................

Date: ..........................................................................................................