

**MINISTRY OF FOREIGN AFFAIRS, REGIONAL INTEGRATION AND INTERNATIONAL TRADE**

**THE INDUSTRIAL PROPERTY OFFICE OF MAURITIUS**

THE INDUSTRIAL PROPERTY ACT 2019

*Section 4(3)*

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| **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/sExtension 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 AgentI, 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: 1. The request for extension of time is approved for ………. week (s)/month(s) from

……….…………………… until ….……….………………………………………1. The request for extension is rejected.

Authorised Signature: Name: ……………………………………………………………………………………Date: ……………………………………………………………………………………… |