

SCHEDULE 1

GENERAL FORMS

List of Forms

Appointment or change of agent.

1A

Application for registration of a design.

2A

Application for a copy of a certificate of registration of a design.

6

Request to the registrar for statement of grounds of decision under rule 31.

7

Request for extension of time to complete an application for the registration of a design.

8

Application to extend period of protection.

9A

Application to register an assignment, licence, mortgage or other event affecting the rights in a registered design.

12A

Application to record alteration of name.

16

Request for correction of error.

18

Request by proprietor of design to cancel registration.

19

Request for information under section 23 on supply of registration number.

20

Request for search when registration number is not supplied.

21

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Request for certificate of the registrar.

23

Application for grant of a compulsory licence under section 10 or for cancellation of the registration under section 11(2) or (3).

25A

Notification of order of the court.

28

Application for restoration of a lapsed right in a design.

29

Fee for restoration of a registered design.

30

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Application for settlement of the terms of a licence of right.



Registered
Designs Act 1949

Designs Form 1A

Appointment or Change of Agent

For Official Use

Notes

Please file this form in duplicate. Please type, or write in dark ink using BLOCK LETTERS. A fee is not required for this form.

Rule 10 of the Registered Designs Rules 1989 is the main rule governing the completion and filing of this form.

This form may be used for more than one design if the same authorisation has been given. If you do not have enough space, please use a separate sheet of paper.

This form is for use only where, after a person has become a party to proceedings before the Registrar he appoints an agent for the first time or appoints one agent in substitution for another.

This form is to be completed by the newly appointed agent and filed in duplicate. Where the agent has been appointed in substitution for another, the duplicate will be sent to the original agent.

Please mark correct box.

1. Your reference.
2. Please give Design Application or Registered Design number(s)
3. Please give full name and address of applicant or registered proprietor. Name Address Postcode ADP number (if known)
4. Please give your name and address in the United Kingdom. Name Address Postcode ADP number (if known)
5. Have you been authorised to act in all matters relating to the above application/registered design? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No' please give details of the extent of your appointment.
6. I declare that I/we have been appointed by the person(s) named at 3 above to act as agent as detailed in 5 above.
Please sign here ➤ Signed _____ Date _____ day month year

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Registered
Designs Act 1949

Designs Form 2A
Application for
Registration of a
Design

For Official Use

Notes

Please type, or write in dark ink using BLOCK LETTERS. For details of prescribed fees please contact the Designs Registry at the Patent Office.

Rules 6, 12 to 14 and 16 of the Registered Designs Rules 1989 are the main rules governing the completion and filing of this form.

If you do not have enough space, please use a separate sheet of paper.

2 Please enter the names of each applicant. Names of individuals should be entered in full and the surname or family name should be underlined. The names of all partners in a firm must be given in full. Corporate bodies should be designated by their corporate name.

4 Applicants resident abroad **must** provide a United Kingdom address.

5 Please mark appropriate box(es). For a definition of textile articles please see Rule 2 of the Registered Design Rules 1989.

6 Please name concisely the specific article as shown in the representations for which protection is required.

1. Your reference.
2. Please give full name(s) and address(es) of applicant(s). Name Address Postcode ADP number (if known)
3. If you are a corporate body please give country of incorporation. State of incorporation (if appropriate)
4. Please give the name of your agent (if applicable). Please give an address for service in the United Kingdom to which all correspondence will be sent. Postcode ADP number (if known)
5. Are you applying for registration of a design applied to: a single article? <input type="checkbox"/> or to a set of articles? <input type="checkbox"/> Is the design to be applied to: a single article made substantially of lace or is it a design consisting substantially of checks or stripes to be applied to a single textile article? <input type="checkbox"/> or to any other article? <input type="checkbox"/>
6. What article is the design to be applied to?



Revised 1989

Please turn over ⇨

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

This form should be accompanied by **four (five** in respect of a set of articles) identical representations or specimens of the design. Except in the case of an application for a design applied to lace, a textile article or wallpaper (or similar wall covering) each representation or specimen should carry a statement of the features of the design for which novelty is claimed. If words, letters or numerals appear in the design, the Registrar will normally require a disclaimer of any right to their exclusive use to appear on each representation or specimen.

⑨ An application claiming priority under Section 14 of the Registered Designs Act 1949 must be filed in the UK within 6 months of the first filing of the design in any Convention country.

⑩ This part only applies if the application is made by virtue of Section 14 of the Registered Designs Act 1949.

Please enter details of instrument. For example, Deed of Assignment, with name(s) and date(s)

Please sign here ➤

This application form must be signed by one of the following:

- The applicant.
- A partner or other person authorised to act on behalf of a firm.
- A director or secretary or authorised signatory of a corporate body.
- The applicant's authorised agent.

7. If an identical design has been previously registered or applied for in the United Kingdom in respect of another article please give its Design number.

8. If the design possesses modifications or variations not sufficient to alter the character or substantially to affect the identity of a design already registered or applied for in the United Kingdom please enter that design's number.

9. If you wish to claim priority from a previous application filed in a Convention country so that this application is treated as made on the date of the previous application, please give:

Name of country _____

Date of previous application _____

day month year

10. If the original application in the Convention country was made by someone other than yourself please explain how your right to apply for registration in the United Kingdom was acquired. (If this information is not given at the time of filing this form it must be supplied prior to registration of the design.)

Declaration

This application is made to register the design shown in the representation(s) or specimen attached. I declare that the applicant claims to be the proprietor of the design in relation to the article specified at part 6 overleaf and to be the owner of any design right that exists in this design. I also declare in respect of any entry at part 9 above that the application made in the Convention country upon which the applicant relies is the first application made for registration of the design in a Convention country.

Signed _____ Date _____
day month year

Reminder

Have you attached

representations or specimens of the design?

any continuation sheet if appropriate?

Does the statement of novelty appear on the first sheet of each representation or specimen? (not applicable for textiles, lace or wallpaper)

the prescribed fee?

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.



Registered Designs Act 1949

Designs Form 6
Application for a copy of Certificate of Registration of a Design

For Official Use

Notes

Please type, or write in dark ink using BLOCK LETTERS. For details of prescribed fees please contact the Designs Registry at the Patent Office.

Rule 33 of the Registered Designs Rules 1989 is the main rule governing the completion and filing of this form.

Please mark correct box

1. Your reference.	
2. Please give Registered Design number.	
3. Please give full name of applicant for certificate. ADP number (if known)	
4. The original certificate	has been lost <input type="checkbox"/>
	has been destroyed <input type="checkbox"/>
	cannot be produced <input type="checkbox"/>
or	A copy of the original certificate is requested for other reasons which are set out in the accompanying statement. <input type="checkbox"/>
5. Please state your interest in the design.	
6. Please give a name and address in the United Kingdom to which the certificate is to be sent.	
Name	
Address	
Postcode	
ADP number (if known)	
Signed _____	Date _____ day month year
Reminder	
Have you attached	evidence of circumstances? <input type="checkbox"/>
	representation? <input type="checkbox"/>
	the prescribed fee? <input type="checkbox"/>

Please sign here ➤

This form must be accompanied by evidence setting out in full and verifying the circumstances in which the original certificate of registration was lost or destroyed or cannot be produced (if this is the case) and by a representation or specimen of the design identical with that attached to the original Certificate of Registration.

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Registered
Designs Act 1949

Designs Form 7
Request to the Registrar for Statement of Grounds of Decision under Rule 31

For Official Use

Notes

Please type, or write in dark ink using BLOCK LETTERS. For details of prescribed fees please contact the Designs Registry at the Patent Office.

Rule 31 of the Registered Designs Rules 1989 is the main rule governing the completion and filing of this form.

1. Your reference.	
2. Please give Design Application number.	
3. Please give full name of applicant for the design.	
ADP number (if known)	
4. Please give a name and address for service in the United Kingdom to which all correspondence will be sent.	
Name	
Address	
Postcode	
ADP number (if known)	
5a. Date of hearing	Date _____ day month year
5b. Date of Registrar's decision	Date _____ day month year
Please sign here ➤	Signed _____ Date _____ day month year

This form must be accompanied by the prescribed fee.

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Registered Designs Act 1949

Designs Form 8
Request for extension of time to complete an Application for the Registration of a Design

For Official Use

Notes

Please type, or write in dark ink using BLOCK LETTERS. For details of prescribed fees please contact the Designs Registry at the Patent Office.

Rule 36 of the Registered Designs Rules 1989 is the main rule governing the completion and filing of this form.

The initial twelve month period for completion of an application may be extended, by up to three months on payment of the prescribed fee.

Please mark correct box

Please sign here ➤

1. Your reference.
2. Please give Design Application number.
3. Please give full name of the applicant for the design. ADP number (if known)
4. Please give a name and address for service in the United Kingdom to which all correspondence will be sent. Name Address Postcode ADP number (if known)
5. I/We request the extension of the period available for the completion of the application for registration of this design. The period of time extension required is one month <input type="checkbox"/> two months <input type="checkbox"/> three months <input type="checkbox"/>
Signed _____ Date _____ day month year

This form must be accompanied by the prescribed fee.

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Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.



Registered
Designs Act 1949

Designs Form 9A
**Application to
extend period of
protection.**

For Official Use

Notes

Please type, or write in dark ink using BLOCK LETTERS. For details of prescribed fees please contact the Designs Registry at the Patent Office.

Rules 38 and 40 of the Registered Designs Rules 1989 are the main rules governing the completion and filing of this form.

Please mark correct box

④ Each period for which the right subsists is normally five years. However, in the case of an associated design registered under Section 4 of the Registered Designs Act 1949 the right will expire when the right in the original design expires. The extended period may thus be less than the full five years.

⑤ The period for making the application may be extended by up to six months provided that the fee is paid within the period being purchased.

⑥ The extension fee must be paid together with any additional fee for late application.

Please sign here ➤

1. Your reference.
2. Please give Registered Design number.
3. Please give full name of registered proprietor. ADP number (if known)
4. I/We apply for an extension for <input type="checkbox"/> a second period <input type="checkbox"/> or a third period <input type="checkbox"/>
5. Please complete this part if the application for extension is late. number of additional months required <input type="text"/>
6. Please give details of fees paid Extension of period £ <input type="text"/> Additional fee for late application (if necessary) £ <input type="text"/>
7. Please give a name and address in the United Kingdom to which the certificate of extension will be sent. Name Address Postcode ADP number (if known)
Signed _____ Date _____ day month year

This form must be accompanied by the prescribed fee(s)

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Registered Designs Act 1949

Designs Form 12A
Application to register an assignment, licence mortgage or other event affecting the rights in a Registered Design

For Official Use

Notes

Please type, or write in dark ink using BLOCK LETTERS. For details of prescribed fees please contact the Designs Registry at the Patent Office.

Rules 42 to 45 of the Registered Designs Rules 1989 are the main rules governing the completion and filing of this form.

This form may be used for more than one design if the same change is made.

If you do not have enough space, please use a separate sheet of paper.

Examples are an assignment, a licence, a mortgage, or probate.

A certified copy establishing the transaction, event or document must be forwarded for retention with this form

If 'Yes' please mark box.

1. Your reference.
2. Please give Registered Design number(s).
3. Please give name of the registered proprietor. ADP number (if known)
4. Please give full name and address of the person gaining an interest or claiming an interest has ceased. Name Address Postcode ADP number (if known)
5. Please give details of the transaction, event or document affecting any interest in the design together with its date and the names of all parties involved. Do you require an entry in the Register showing you no longer claim any interest in a mortgage or licence? <input type="checkbox"/>
6. Please give a name and address for service in the United Kingdom to which all correspondence will be sent. Name Address Postcode ADP number (if known)

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Please mark correct box.

Ⓜ Complete this part only when the name and address differs from that entered at part 4.

Please sign here ➤

7. Does the address for service entered at part 6 apply to:-	
all matters concerned with the registered design?	<input type="checkbox"/>
only those matters dealt with by this application?	<input type="checkbox"/>
8. Please give the full name and address of the person making this application.	
Name	
Address	
Postcode	
ADP number (if known)	
Declaration	
I/We declare that where design right exists in the design(s) mentioned in this application, the person(s) entitled to any interest which the applicant is seeking to register by this application is/are also entitled to the corresponding interest in the design right(s).	
Signed _____	Date _____
	day month year
Reminder	
Have you attached	
a certified copy of the document under which the change is made?	<input type="checkbox"/>
any continuation sheet if appropriate?	<input type="checkbox"/>
the prescribed fee?	<input type="checkbox"/>

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Designs Form 16
Application to record alteration of name

For Official Use

Registered Designs Act 1949

Notes

Please type, or write in dark ink using BLOCK LETTERS. For details of prescribed fees please contact the Designs Registry at the Patent Office.

Rule 46 of the Registered Designs Rules 1989 is the main rule governing the completion and filing of this form.

This form may be used for more than one design if the same alteration is made. One fee is charged for each design affected. If you do not have enough space, please use a separate sheet of paper.

Ⓔ Evidence of the alteration must be provided - for example a copy of the Certificate of Incorporation.

Ⓕ An address for service in the United Kingdom must be supplied.

Please sign here ➤

1. Your reference.
2. Please give Design Application or Registered Design number(s).
3. Please give full name(s) of applicant(s) for registration of the design /registered proprietor(s) as currently on the register/in the application for registration. ADP number (if known)
4. Please give the name to be altered. ADP number (if known)
5. Please give the new name (and address if appropriate) to be recorded. Name Address Postcode ADP number (if known)
6. Please give a name and address for service in the United Kingdom to which all correspondence will be sent. Name Address Postcode ADP number (if known)
Signed _____ Date _____ day month year
Please enter number of applications/registrations to be amended. <input type="text"/>

This form must be accompanied by the prescribed fee.
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Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.



Designs Form 18
Request for Correction of Error

For Official Use

Registered Designs Act 1949

Notes

Please type, or write in dark ink using BLOCK LETTERS. For details of prescribed fees please contact the Designs Registry at the Patent Office.

Rule 47 of the Registered Designs Rules 1989 is the main rule governing the completion and filing of this form.

③ For the interest state whether applicant for registration or proprietor of design or state other interest as appropriate.

④ This form should be accompanied by a statutory declaration or other suitable evidence stating the circumstances in which the error occurred.

Please mark correct box

This form may be used for more than one design if the same error has been made. One fee is charged for each design affected. If you do not have enough space please use a separate sheet of paper.

Please sign here ➤

1. Your reference.	
2. Please give Design Application or Registered Design number(s).	
3. Please give the full name of the person requesting the correction and state his interest in the matter. Name	
ADP number (if known)	Interest
4. Please give details of the error to be corrected.	
Is the error to be corrected in the	application? <input type="checkbox"/>
	representation? <input type="checkbox"/>
	register? <input type="checkbox"/>
5. Please give a name and address for service in the United Kingdom to which all correspondence will be sent. Name	
Address	
	Postcode
ADP number (if known)	
Signed _____	Date _____ day month year
Please enter the number of applications or registrations to be amended. <input type="text"/>	
Reminder	
Have you attached	evidence in support of error correction? <input type="checkbox"/>
	the prescribed fee? <input type="checkbox"/>

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Registered Designs Act 1949

Designs Form 19
Request by Proprietor of Design to Cancel Registration

For Official Use

Notes

Please type, or write in dark ink using BLOCK LETTERS. A fee is not required for this form.

Rule 58 of the Registered Designs Rules 1989 is the main rule governing the completion and filing of this form.

1. Your reference.
2. Please give Registered Design number.
3. Please give full name of registered proprietor(s).
ADP number (if known)
4. Please give a name and address for service in the United Kingdom to which all correspondence will be sent.
Name
Address
Postcode
ADP number (if known)
5. It is requested that the registration of this Design be cancelled.
Signed _____ Date _____ day month year

Please sign here ➤

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Registered
Designs Act 1949

Designs Form 20
Request for information under Section 23 on supply of Registration number

For Official Use

Notes

Please type, or write in dark ink using BLOCK LETTERS. For details of prescribed fees please contact the Designs Registry at the Patent Office.

Rule 70 of the Registered Designs Rules 1989 is the main rule governing the completion and filing of this form.

1. Your reference.
2. Please give Registered Design number.
3. Please give full name and address in the United Kingdom to which the information is to be sent. Name Address Postcode ADP number (if known)
Signed _____ Date _____ day month year

Please sign here ➤

This form must be accompanied by the prescribed fee.

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Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.



Registered Designs Act 1949

Designs Form 21

Request for search when Registration Number is not supplied

For Official Use

Notes

Please type, or write in dark ink using BLOCK LETTERS. For details of prescribed fees please contact the Designs Registry at the Patent Office.

Rule 71 of the Registered Designs Rules 1989 is the main rule governing the completion and filing of this form.

2 Please enter the address in the United Kingdom to which the result of the search is to be sent.

3 Please enter the name of the article, as shown in the representations, or specimen which must be supplied in duplicate and attached to this form.

This form can only be used to obtain a search for a single design.

Please sign here ➤

1. Your reference.

2. Please give full name and address of applicant for search.

Name _____

Address _____

Postcode _____

Telephone number _____

ADP number (if known) _____

3. Please make a search in respect of the design shown in the attached representations (or specimen) applied to a

I/We apply for information on whether the design appears to be identical with, or closely resembles any registered design, and if so,

- in respect of what articles
- whether any extension of the period of right in the registered design has been granted
- the date of registration
- the name and address of the registered proprietor

Signed _____ Date _____

day month year

Reminder

Have you attached

a representation or specimen in duplicate?

the prescribed fee?

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Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.



Registered
Designs Act 1949

Designs Form 23
**Request for
Certificate of the
Registrar**

For Official Use

Notes

Please type, or write in dark ink using BLOCK LETTERS and use a separate form for each design.

Rule 72 of the Registered Designs Rules 1989 is the main rule governing the completion and filing of this form.

This form may be used to obtain certificates, certified copies and certified extracts.

For certificates sealed and attached to documents please use part 5. For certificates impressed on documents please use part 6. The current prescribed fees for each type of certificate may be obtained from the Designs Registry at the Patent Office.

5 Please mark appropriate box to indicate what the Registrar is requested to certify.

Please describe any special requirements. If you do not have enough space please use a separate sheet of paper.

1. Your reference.

2. Please give Design Application or Registered Design number.

3. Please give the name of the applicant(s)/registered proprietor(s) of the design.

ADP number (if known)

4. Please give full name and address in the United Kingdom of the person to whom the certificate(s) will be sent.

Name

Address

Postcode

ADP number (if known)

5. Certificates Sealed and Attached to Documents

What is the Registrar requested to certify?

Number required

the particulars of the design as originally filed

the particulars of the design as registered

other, including certificates under section 17(9) (please specify)



Is the certificate required for

Please mark

legal proceedings?

obtaining a registration abroad?

something else? (please specify)



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Please turn over

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.



Registered
Designs Act 1949

Designs Form 25A
Application for grant
of a Compulsory
Licence under
Section 10 or for
Cancellation of the
registration under
Section 11(2) or (3)

For Official Use

Notes

Please type, or write in dark ink using BLOCK LETTERS. For details of prescribed fees please contact the Designs Registry at the Patent Office.

Rule 52 of the Registered Designs Rules 1989 is the main rule governing the completion and filing of this form.

Please mark correct box

⑤ This form must be filed in duplicate together with a statement in duplicate setting out fully the nature of the applicant's interest, and facts on which he/she relies.

Please sign here ➤

1. Your reference.
2. Please give Registered Design number.
3. Please give full name and address of applicant for compulsory licence or for cancellation. Name Address Postcode ADP number (if known)
4. Please give a name and address for service in the United Kingdom to which all correspondence will be sent. Name Address Postcode ADP number (if known)
5. I/We apply for the grant of a compulsory licence in respect of the design. <input type="checkbox"/> or I/We apply for the cancellation of the registration of the design on the grounds that: <input type="checkbox"/>
Signed _____ Date _____ day month year
Reminder Have you attached a duplicate copy of this form? <input type="checkbox"/> the statement of case in duplicate? <input type="checkbox"/> the prescribed fee? <input type="checkbox"/>

Revised 1989

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.



Designs Form 28
Notification of
Order of the
Court

For Official Use

Registered
Designs Act 1949

Notes

Please type, or write in dark ink using BLOCK LETTERS.

A fee is not required for this form.

Rule 78 of the Registered Design Rules 1989 is the main rule governing the completion and filing of this form.

Ⓜ Please enter the name of the proprietor of the Design as entered on the Register of Designs immediately prior to the issue of the Order.

Ⓜ The Registrar will rectify the Register as necessary.

1. Your reference.
2. Please give Registered Design number.
3. Please give full name of registered proprietor. ADP number (if known)
4. Please give the name and address of the person in whose favour the Order has been made. Name Address Postcode ADP number (if known)
5. Please give a name and address for service in the United Kingdom to which all correspondence will be sent. Name Address Postcode ADP number (if known)
6. An office copy of the Order of the Court accompanies this form. Please briefly state the effect of the Order.
Signed _____ Date _____ day month year

Please sign here ➤

Revised 1989



Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.



Registered Designs Act 1949

Designs Form 29
Application for Restoration of a lapsed right in a Design

For Official Use

Notes

Please type, or write in dark ink using BLOCK LETTERS. For details of prescribed fees please contact the Designs Registry at the Patent Office.

Rule 41 of the Registered Designs Rules 1989 is the main rule governing the completion and filing of this form.

④ If you do not have enough space, please use a separate sheet of paper. Supporting evidence must be provided.

⑤ Please complete this only if the applicant is not also the registered proprietor.

1. Your reference.
2. Please give Registered Design number.
3. Please give full name of registered proprietor(s). ADP number (if known)
4. Please give your reasons for applying for restoration.
5. Please give applicant's name and address (see note). Name Address Postcode ADP number (if known) Please state your interest in the Registered Design.
6. Please give a name and address for service in the United Kingdom to which all correspondence will be sent. Name Address Postcode ADP number (if known)
Signed _____ Date _____ <small>day month year</small>

Please sign here ➤

This form must be accompanied by the prescribed fee.

Issued 1989



Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.



Registered Designs Act 1949

Designs Form 30

Fee for Restoration of a Registered Design

For Official Use

Notes

Please type, or write in dark ink using BLOCK LETTERS. For details of prescribed fees please contact the Designs Registry at the Patent Office.

Rule 41 of the Registered Designs Rules 1989 is the main rule governing the completion and filing of this form.

1. Your reference.
2. Please give Registered Design number.
3. Please give full name of the registered proprietor(s). ADP number (if known)
4. Please give a name and address for service in the United Kingdom to which all correspondence will be sent. Name Address Postcode ADP number (if known)
Signed _____ Date _____ day month year
Reminder Have you attached completed Designs Form 9A and extension fee? <input type="checkbox"/> the prescribed restoration fee? <input type="checkbox"/>

Please sign here ➤

This form must be accompanied by the unpaid extension fee and the prescribed restoration fee.

Issued 1989

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.



Registered Designs Act 1949
Copyright, Designs and Patents Act 1988

Designs Form 31

Application for settlement of the terms of a Licence of Right

For Official Use

Notes

Please type, or write in dark ink using BLOCK LETTERS. For details of prescribed fees please contact the Design Registry at the Patent Office.

Rule 59 of the Registered Designs Rules 1989 is the main rule governing the completion and filing of this form.

Only the person requiring the licence can apply.

1. Your reference.
2. Please give Registered Design number.
3. Please give full name and address of applicant. Name Address Postcode ADP number (if known)
4. Please give a name and address for service in the United Kingdom to which all correspondence will be sent. Name Address Postcode ADP number (if known)
Application is made to the Registrar for settlement of the terms of a licence of right to be granted under this Registered Design.
Signed _____ Date _____ day month year
Reminder Have you attached a duplicate copy of this form? <input type="checkbox"/> the statement of terms in duplicate? <input type="checkbox"/> the prescribed fee? <input type="checkbox"/>

Issued 1989