|  |  |  |  |
| --- | --- | --- | --- |
| SECOND SCHEDULE |  |  | Regulation 3. |
|  |  |  | Reference No. of Applicant or Authorised Agent |

**Application For Extension Of The Duration of a**

**Supplementary Protection Certificate**

**The applicant named herein hereby requests the grant of A Supplementary Protection Certificate on the basis of the information furnished hereunder:**

**1. Type of Product**

|  |  |
| --- | --- |
| SPC Application Number |  |
|  |  |  |
| Date of Application/Grant  |  |

**2. Applicant(s)** (Full name and address of the person **or** of the company applying.)

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Nationality |  |
| Telephone: |  |
| Email: |  |

**3. Legal Representative**

The following is authorised to act as agent in all proceedings connected with the obtaining of a supplementary protection certificate to which this request relates and in relation to any certificate granted:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone: |  |
| Email: |  |

4. Address for Service (within the EU, to which correspondence is to be sent)

|  |
| --- |
| **If different to address at 2 or 3** |
| Address |  |
| Telephone: |  |
| Email: |  |

|  |  |  |
| --- | --- | --- |
| Please tick box if you wish the Office to correspond with you by email in relation to this application  |  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **5. Number of the Basic Patent** |  |
|  |
| 6. Title of Invention |  |

**7. Product Identity** (as defined in Article 1 of Council Regulation (EEC) No. 1768/92)

|  |  |
| --- | --- |
| Product  |  |

**8.**  **ITEMS ACCOMPANYING THIS REQUEST - tick as appropriate.**

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| I | Fee € |  |  |  |
|  |  |  |  |  |  |
| II | Copy of the statement indicating compliance with an agreed completed paediatric investigation plan as referred to in Article 36(1) of Regulation (EC) No 1901/2006. |  |  |  |
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|  |  |  |  |  |  |
| III | Proof of authorisation(s) to place the product on the market of all Member States, as referred to in Article 36(3) of Regulation (EC) No 1901/2006. |  |  |  |
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| --- | --- |
| 9. Signature: |  |
| If a company, state the position withinthe company of the person signing |  |
|  |  |
| Name in BLOCK CAPITALS |  |
|  |  |
| Date: |  |