

**Application for declaration of lapse or invalidity,
or to revoke an extension of the duration of a
supplementary protection certificate.**

Concept House
Cardiff Road
Newport
South Wales
NP10 8QQ

(See the notes on the back of this form.)

1. Your reference

2. Certificate number

3. Full name of the or of each certificate
holder

4. Your full name, address and postcode

ADP number *(if you know it)*

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5. Is this application for:
- (a) A declaration of lapse under Article 14(d) of the EC Regulation for medicinal products (No. 1768/92)?
 - (b) A declaration of invalidity under Article 15 of the EC Regulation for medicinal products (No. 1768/92)?
 - (c) Revocation of an extension of the duration of a supplementary protection certificate under Article 15a of the EC Regulation for medicinal products (No. 1768/92)?
 - (d) A declaration of lapse under Article 14(d) of the EC Regulation for plant protection products (No. 1610/96)?
 - (e) A declaration of invalidity under Article 15 of the EC Regulation for plant protection products (No. 1610/96)?
- (answer by writing (a), (b), (c), (d) or (e))*

6. Name of your agent *(if you have one)*

“Address for service” in the European Economic Area or Channel Islands to which all correspondence should be sent.
(including the postcode) (see note (f))

ADP number *(if you know it)*

7. Signature Date

8. Name, e-mail address, telephone, fax and / or mobile number, if any, of a contact point for the applicant.

Form SP3

Notes

- a) *If you need help to fill in this form or you have any questions, please contact the Office on 08459 500505*
- b) *Write your answers in capital letters using black ink or you may type them.*
- c) *If there is not enough space for all the relevant details on any part of this form, please continue on a separate sheet of paper and write "see continuation sheet" in the relevant part(s) of the form. Any continuation sheets should be attached to this form.*
- d) *You must file this form in duplicate.*
- e) *You must also file two copies of a statement in which you should set out*
 - *the facts and grounds which you rely on*
 - *what you want the Office to decide*
- f) *Although you may have an address for service in the Channel Islands, any agent you may appoint to act for you must reside in or have a place of business in the European Economic Area or Isle of Man.*
- g) *Once you have filled in the form remember to sign and date it.*
- h) *For details of the fee and ways to pay, please contact the Office.*