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| **Patents Form No. 5I**PATENTS ACT 1983 AND PATENTS REGULATIONS 1986REQUEST FOR EXPEDITED EXAMINATION[Sections 17A, 23 and 87(2)*(a)*][Regulations 27E(5) and 45(3)]To: The Registrar of PatentsPatent Registration Office Malaysia | **For Official Use**APPLICATION NO.: ….….………………………………...Filing Date: ………………………………………………….Request received on: ….…….………………………………Fee received on: ...…………...……………………………..Amount: …………………………………….……………….\*Cheque/Postal Order/Bank Draft/Local Order/Credit Card/Debit Card No.: ……………………………………………. |
| Please submit this Form together with the prescribed fee. | Applicant’s or Agent’s file reference:……………………………………….…………………………. |
| I. IN THE MATTER OF:

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| Patent/Certificate Application No.:  |  | Filing Date: |  |

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| II. APPLICANT(S):

|  |  |  |
| --- | --- | --- |
| Name | : |  |
| I.C./Passport No. | : |  |
| Address | : |  |
| Telephone Number (*required*) | : |  |
| Email address *(required)* | : |  |

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| III. REQUEST:The applicant makes the payment for the expedited examination upon receipt of the Registrar’s notification in accordance with subregulation 27E(5) of the Patents Regulations 1986. |
| IV. ADDITIONAL INFORMATION accompanies this Form: [ ]  Yes [ ]  No |
| V. DECLARATION AND SIGNATURE:

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|[ ]  **By Person Filing the Form** |
|  | I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge. |
|  |  |
|[ ]  **By Agent** (An agent signing this Form on behalf of the applicant shall satisfy himself as to the truth of the declaration) I, the undersigned, do hereby declare that: 1. I have been duly appointed and authorized to act as an agent on behalf of the person(s) filing this form.
2. the information furnished above on behalf of the person(s) filing this form is true to the best of the applicant(s)' knowledge.
 |
| Signature:  |  |
| Name of signatory:  |  |
| Official capacity of signatory:  |  |
| **Notes for Official capacity of signatory:** **Applicant(s) or common representative as specified in regulation 11/Authorized person of Applicant(s) as specified in regulation 50/Agent** |
| If Agent, indicate Agent’s Registration No.: |  |
| Date:  |  |

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