

FORM 4

FEE Rs. 1000

APPLICATION FOR THE RESTORATION
OF DESIGN UNDER SECTION 12(2)

[See rule 24]

¹ Insert the name (in full),
address and nationality
of applicant(s).

I (or/we)¹ _____

Hereby apply for an order of the Controller for the
restoration of Design No. _____
_____ of _____

² State the last date when
fee was due.

dated _____ granted to _____

³ To be signed by the
applicant(s) or if the
applicant(s) is/are absent
from India, by authorised
agent.

The circumstance which led to the failure to pay the
extension fee of Rs. _____ on or before the²
_____ day of _____ are as
follows :-

I/we declare that I/We have not assigned the Design to
any other person(s) and that the fact and matters stated
herein are true to the best of my/our knowledge, infor-
mation and belief.

My/our address for service in India is :-

Dated this _____ day of _____ 19

(Signature)³ _____

TO
THE CONTROLLER OF DESIGNS,
THE PATENT OFFICE, CALCUTTA.

Note : Strike out whichever is inapplicable.