

## FIRST SCHEDULE

(Section 110(4))

## FORM 18

*Application for Extension of time*

Please read the notes on the back of this form before completing

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1. Your reference:
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2. Patent/utility model/design application or registration number(s):
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3. Opposition/application for revocation number (if applicable):
- 
4. Reason and purpose of request for extension of time:
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5. Period of further time requested (days/weeks/months):
- 
6. Full name, address, email address, nationality and TRN (where applicable) of applicant(s):
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7. Name of agent (if applicable):
- 
8. Address including email address for service of applicant (if different from 3 above):
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- 9.
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- Signature(s): Date:
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10. Name, email address, telephone, fax and or mobile number, if any, of a contact point for the applicant:
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## Notes

- A. If you need help in filling out this form or have any questions, please contact the Office at (876) 946-1300 or send an email to [info@jipo.gov.jm](mailto:info@jipo.gov.jm).
- B. You may either type or write your answers in capital letters using black ink.
- C. Once you have filled out this form at the beginning of the note please remember to sign and date it.
- D. You shall use a separate form for each application unless the same request is involved in each.
- E. 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.
- F. For details of fees and methods of payment, please contact the Office.