



香港特別行政區政府知識產權署
The Government of the Hong Kong Special Administrative Region
Intellectual Property Department

For official use

Patents Form SP3

Request for extension of time Paying penalty fee for late filing of translation

Patents Ordinance (Cap. 514)
Patents (General) Rules (Cap. 514C)

Important notes

1. General notes:

- a. Please complete this form in English unless otherwise stated.
- b. By submitting this form, you will be treated as having given consent to the Patents Registry and its service provider to copy or communicate all the information provided to any third party (in or outside Hong Kong, China) who assists or supports the Patents Registry in performing its functions under the Patents Ordinance, Cap. 514 and its subsidiary legislation.
- c. This form must be signed and dated.
- d. If there is not enough space for any part on this form, please continue on an additional sheet. Number each additional sheet and state the number of additional sheet(s).
- e. Please enquire through the following means:
 - E-mail: enquiry@ipd.gov.hk
 - Internet homepage address: www.ipd.gov.hk

2. Use of personal data:

- a. Personal data provided in this form and any supporting document will be used by the Registrar of Patents ("the Registrar") for the "Purposes of Collection" set out in the Personal Information Collection Statement ("the PICS") at <https://www.ipd.gov.hk/en/privacy-policy-statement/personal-information-collection-statement/index.html>.
- b. In particular, **YOU SHOULD BE AWARE THAT** personal data collected by the Registrar may, in full or part, be—
 - (i) **made available online for public access and inspection;** and
 - (ii) **published or disclosed to the "Classes of Transferees" in or outside Hong Kong, China as set out in the PICS,** including but not limited to the World Intellectual Property Organization and other intellectual property authorities/institutions/organizations **which may subsequently make the relevant data available online for public access and inspection.**
- c. **DO NOT include in this form and any supporting document any irrelevant or unnecessary personal data (whether yours or others).**

3. Use of other information:

- a. Other information, including those information relating to any business enterprise or entity, provided in this form and any supporting document will also be so used by the Registrar for the purposes as referred to in paragraph 2.a. above.
- b. Such information collected by the Registrar may, in full or part, also be so made available online, published or disclosed as set out in paragraph 2.b.(i) and (ii) above.
- c. **DO NOT include in this form and any supporting document any information (whether yours or others) which is considered as confidential or commercially sensitive.**

4. Submission of application/request/notice:

In person or by mail with the appropriate fee to the Registrar of Patents, 24/F, Wu Chung House, No. 213 Queen's Road East, Wanchai, Hong Kong, China. The fee schedule can be viewed at <https://www.ipd.gov.hk/en/patents/forms-and-fees/index.html>. Payment can be made in person by cash, or by sending a cheque/bank draft (in Hong Kong dollars which can be cleared in Hong Kong, China) made payable to THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION.

*Denotes mandatory fields

01. Reference

Filer's reference

02. *Application no./Patent no.

Application no./Patent no.

This form is for one patent application or patent.

03. *Details of the person(s) making this request

***(a) Name in English**

If the name is not in Roman letters or in Chinese, please include a transliteration in Roman letters.

(b) Name in Chinese
(if applicable)

***(c) Address**

Flat/Floor/Building
Street/District
Country/Territory

04. *Details of request

***(a) Type of request**

Please mark one box only.

Extension of time
(section 100AA or 100AAB, Patents (General) Rules)

Late filing of translation
(section 104, Patents Ordinance, section 56(9) or 100AAD, Patents (General) Rules)

***(b) State the action you need to take and the reason for the delay**

***(c) Length of extension required**

Please mark one box only.

One month

Two months

Up to a specific date

DD-MM-YYYY

05. *Address for service

The address for service provided in this part shall be treated as being in substitution for any address for service previously filed.

All correspondence and/or document(s) will be sent to the address below.

***(a) Name**

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***(b) Address**

You must provide details of an address for service in Hong Kong, China. Please note that a P.O. Box, a "care of" address or an address used solely for mail forwarding is not acceptable.

Flat/Floor/Building
Street/District
HONG KONG, CHINA

(c) Telephone no.

In Hong Kong, China

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(d) Fax no.

In Hong Kong, China

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06. Agent's details

Go to Part 7 if you are NOT an agent.

If you have been duly authorized to act as an agent, please complete this part. The details provided in this part shall be treated as being in substitution for any agent's details previously filed.

(a) Name

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(b) Address

As an agent, you must provide the address of the premises in Hong Kong, China where you reside or carry on your business activities. Please note that a P.O. Box, a "care of" address or an address used solely for mail forwarding is not acceptable.

Flat/Floor/Building
Street/District
HONG KONG, CHINA

07. Declaration

Please mark the box to make declaration if applicable.

- I/We declare that I/we have given notice of this request to every other person who is a party to these proceedings (this declaration is to be made in inter partes proceedings).

08. *Declaration/Signature

Warning: It is an offence in law to furnish any false statement/information or make a false declaration in this form.

(If you are signing this form in the capacity of an agent) I/We declare that:

I/We have been duly authorized to act as an agent as stated in Part 06.

I/We reside or carry on business activities on the premises at the address in Hong Kong, China as specified in Part 06.

I/We confirm that I/we have read and understood the “Important notes” of this form.

***(a) Authorized signature**

***(b) Name of signatory**

***(c) Official capacity of signatory**

Examples: Authorized person,
Director, Partner or Principal Officer of
Applicant(s)/Agent; Applicant in
person

***(d) Date**

DD-MM-YYYY

09. Attachment(s)

Total number of attachment(s)

DRAFT