



## Request for statement of grounds of decision

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

**The Patent Office  
Designs Registry**

Cardiff Road  
Newport  
South Wales  
NP10 8QQ

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1. Your reference

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2. Design application number *(s)*

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3. Full name of the or of each applicant

Designs ADP number *(if you know it)*

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

“Address for service” in the United Kingdom  
to which all correspondence should be sent  
*(including the postcode)*

Designs ADP number *(if you know it)*

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5. Date of Registrar’s decision

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6.	Signature	Date
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7. Name and daytime telephone number of  
person to contact in the United Kingdom

### Notes

- a) If you need help to fill in this form or you have any questions, please contact the Patent 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). Any continuation sheet should be attached to this form.*
- d) For details of the fee and ways to pay please contact the Designs Registry of the Patent Office.*
- e) Once you have filled in the form you must remember to sign and date it.*