



**Patents Form SP4**

Patents Act 1977 (Rules 116(1))

Application for grant of an extension to a  
Supplementary Protection Certificate  
(See the notes on the back of this form.)

1. Your reference.

2. Granted certificate number or certificate application number.

*(If you are filing for an extension at the same time as making an application for a certificate the Office will fill in this part. If you already have a granted certificate you should enter its number and expiry date).  
(Article 8(2) and 8(3))*

Expiry date of granted certificate.  
*(day/month/year)*

3. Full name, address and postcode of the applicant or of each applicant.  
*(Underline all surnames)*

Patents ADP number: *(if you know it)*

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

“Address for service” in the United Kingdom, Gibraltar or Channel Islands to which all correspondence should be sent.  
*(Including the postcode) (see note (d))*

Patents ADP number: *(if you know it)*

5. What is the product that you want to protect?  
*(Identify the active ingredient(s) or active substance(s). If possible use chemical or generic names. If a certificate has been granted use the definition on the granted certificate).*

6. Number, title and expiry date of the basic patent (GB or EP(UK)).	Number:	<input type="text"/>
	Title:	<input type="text"/>
	Expiry Date: <i>(day/month/year)</i>	<input type="text"/>

7a. Number, date, and territory of the UK, GB, or NI authorisation containing the statement of compliance with an agreed completed paediatric investigation plan as referred to in regulation 58A(2)(a) of the Human Medicines Regulations 2012.	Number:	<input type="text"/>
	Date: <i>(day/month/year)</i>	<input type="text"/>
	Territory covered: <i>(UK, GB, or NI)</i>	<input type="text"/>

7b. Where there is more than one such authorisation as referred to in 7a., the number, date and territory of the further authorisation(s).	Number:	<input type="text"/>
	Date: <i>(day/month/year)</i>	<input type="text"/>
	Territory covered: <i>(UK, GB, or NI)</i>	<input type="text"/>

Number:	<input type="text"/>
Date: <i>(day/month/year)</i>	<input type="text"/>
Territory covered: <i>(UK, GB, or NI)</i>	<input type="text"/>

8. State which of the following documents you are filing. <i>(Answer by writing (a) -(c) as appropriate).</i>	<input type="text"/>
a) Copy of the statement(s) or copy of the authorisation(s) containing the statement(s) indicating compliance with an agreed completed paediatric investigation plan referred to in 7. <i>(Article 8(1)(d)(i) of the Regulation)</i>	<input type="text"/>
b) Copy of the granted certificate referred to in 2 (if applicable). <i>(Article 8(3) of the Regulation)</i>	<input type="text"/>
c) Other. <i>(Please specify)</i>	<input type="text"/>

9.	I/We request the grant of an extension of a certificate on the basis of this application.	
	Signature: <input type="text"/>	Date: <input type="text"/>

10. Name, email address, telephone and/or mobile number, if any, of a contact point for the applicant.	<input type="text"/>
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## Reminder

**Documents relating to an application for a certificate will normally be open to public inspection. If you want us to keep copies of any documents such as marketing authorizations (or parts of them) confidential, you must ask for this on filing or sending the document. You must give reasons for your request.**

### Notes

- a) *If you need help to fill in this form or you have any questions, please contact the Office on 0300 300 2000.*
- 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) *Although you may have an address for service in the Channel Islands or Gibraltar, any agent you appoint to act for you must reside or have a place of business in the United Kingdom, the Isle of Man or the European Economic Area.*
- e) *Once you have filled in the form remember to sign and date it.*
- f) *For details of the fee and ways to pay please contact the Office.*

#### **Email your form to us:**

Send your form, saved as a PDF to:

[forms@ipo.gov.uk](mailto:forms@ipo.gov.uk)

For help saving your form as a PDF see:

<https://www.gov.uk/government/publications/how-to-file-documents-with-the-intellectual-property-office/how-to-file-documents-with-the-intellectual-property-office>

#### **If you cannot email your form, post to:**

Intellectual Property Office

Concept House

Cardiff Road

Newport

South Wales

NP10 8QQ

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# Fees and payment

We will only process the form with this section completed (one form per payment)

To check the correct fee for this form, search on [GOV.UK](https://www.gov.uk/search?q=patent+forms+and+fees) for 'patent forms and fees'

Total Fee Paying (£)

Your own reference (Optional)

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## Your contact details should we have a query

Name

Email

Phone

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## How would you like to pay?

Tick one

**Using a debit or credit card – you will need the internet to pay by card**

- 1 Go to our secure website – <https://fees.ipo.gov.uk/pay>
- 2 Enter your name, email address and total amount to pay from above
- 3 As proof of payment, write below the 10-character reference code displayed from the online payment screen.  
**DO NOT** write your debit/credit card number

**Deduct from IPO deposit account**

IPO deposit account number.

**Cheque – make payable to 'Intellectual Property Office'.**

**Bank transfer**

Reference – use your IPO deposit account number if you have one or an application number or your name if you don't.

Use the following bank account details

Sort code	20-18-23
Account number	80531766
Account name	Intellectual Property Office
SWIFT code	BARCGB22
IBAN number	GB92 BARC 2018 2380 5317 66