



**Patents Form SP1**

Patents Act 1977 (Rules 116(1))

Application for grant of a Supplementary Protection Certificate

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

1. Your reference.	
2. Certificate application number. <i>(The Office will fill in this part)</i>	
3. Full name, address and postcode of the applicant or of each applicant. <i>(underline all surnames)</i>	
Patents ADP number: <i>(if you know it)</i>	
4. Name of your agent: <i>(if you have one)</i>  "Address for service" in the United Kingdom, Gibraltar or Channel Islands to which all correspondence should be sent. <i>(including the postcode) (see note (d))</i>	
Patents ADP number: <i>(if you know it)</i>	
5. Are you applying for a certificate under (a) the Regulation for medicinal products (No. 469/2009)? (b) the Regulation for plant protection products. (No. 1610/96)? <i>(Answer by writing (a) or (b))</i>	
6. What is the product that you want to protect?  <i>(Identify the active ingredient(s) or active substance(s). If possible use chemical or generic names)</i>	

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7. Number, title and expiry date of the basic patent (GB or EP(UK)). If the patent was granted after the date of the earliest authorisation(s) in 8a or 8b below, give the patent grant date also.  <i>(The expiry date is the day before the 20<sup>th</sup> anniversary of the filing date)</i>	Number:	<input type="text"/>
	Title:	<input type="text"/>
	Expiry Date: <i>(day/month/year)</i>	<input type="text"/>
	Grant Date: <i>(day/month/year)</i>	<input type="text"/>

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8a. Number, date, and territory of the first authorisation to place the product on the market in the UK, GB or NI. <i>(Articles 3 and 8(1)(b) of the Regulations see note (f) below)</i>	Number:	<input type="text"/>
	Date: <i>(day/month/year)</i>	<input type="text"/>
	Territory covered: <i>(UK, GB, or NI)</i>	<input type="text"/>

8b. Where there is more than one such authorisation as referred to in 8a, 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"/>

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9. If there are any authorisations granted in the EEA prior to the earliest authorisation(s) in 8a or 8b, give the information requested about the first such authorisation.  <i>(Article 8(1)(c) of the Regulations; see also note (e) below)</i>	State and Number:	<input type="text"/>
	Date: <i>(day/month/year)</i>	<input type="text"/>

Identity of the product authorised:

Legal provision under which the authorisation took place:

10. If you are filing any of the following documents, state which *(Answer by writing (a) - (f) as appropriate)*

- a) Copy (or copies) of any authorisation(s) listed at 8a and 8b above.
- b) Notice publishing authorisation at 9 above.  
*(Article 8(1)(c) of the Regulations)*
- c) Verified translation of (b) if not in English.
- d) Information showing that the product is protected by the basic patent.
- e) excerpt from the OJEU showing the notification date of a centralised authorisation granted under Regulation (EC) No 726/2004. *(see note (f) below)*
- f) Other. *(please specify)*

11. I/We request the grant of a certificate on the basis of this application.

Signature:  
This can be typed or  
handwritten

Date:

12. Name, email address, telephone and/or mobile number, if any, of a contact point for the applicant.

## 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 authorisations (or parts of them) confidential, you must ask for this when 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) *In some cases, an authorisation in Switzerland may constitute the first authorisation in the European Economic Area in relation to Liechtenstein. Please refer to the Office's Manual of Patent Practice for more information.*
- f) *"First" in relation to the marketing authorisation in 8a means the first in that particular territory. Authorisations that are the first in other UK territories should also be included in the application in 8b. In some cases, the first marketing authorisation in respect of Northern Ireland may be a European Marketing Authorisation granted through the centralised system under Regulation (EC) No 726/2004, which has effect in Northern Ireland by operation of the Northern Ireland Protocol. For European Marketing Authorisations, the date the authorisation takes effect is the date of notification to the applicant of the grant of this authorisation; this date should be entered in box 8a, 8b or 9 if appropriate.*
- g) *Once you have filled in the form remember to sign and date it.*
- h) *For details of the fee and ways to pay please contact the Office.*

# 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) 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

# Before you send us your form

Make sure you have:

- Answered all applicable questions.
- Provided a signature and date. This can be typed or handwritten.
- Made payment by card, cheque, bank transfer or IPO deposit account.
- Completed the payment sheet above.

**Email your completed PDF form to:  
forms@ipo.gov.uk**

**If you cannot email us your form, you can print and post your form to:  
Intellectual Property Office, Concept House, Cardiff Road, Newport, South Wales, NP10 8QQ.**

**Please note: It takes longer to process paper forms sent by post.**

Data Privacy: <https://www.gov.uk/government/publications/intellectual-property-office-privacy-notices/privacy-notice-for-personal-data-processed-for-the-administration-of-ip-rights>