

## Schedule 1



Intellectual  
Property  
Office

### Design Form DF5

#### Request for a statement of reasons for registrar's decision

#### No Fee

**Use this form** if you want a written statement that explains the reasons for a decision that we made in respect of a design.

**Note:** You must file this form within one month of the date we sent our decision.

<b>1. Design number</b>	
<b>2. Invalidation number</b> If the decision was made during invalidation proceedings, enter the number in the relevant field, otherwise leave blank	
<b>3. Full name</b> Person making this request	
<b>Address</b> The address must be in the United Kingdom, European Economic Area (EEA) or the Channel Islands	
	Postcode
<b>4. Interest in the design</b> Tick one of the options	<input type="checkbox"/> Recorded Owner or Holder of design
	<input type="checkbox"/> Recorded Representative for Owner or Holder
	<input type="checkbox"/> Invalidation Applicant
	<input type="checkbox"/> Recorded Representative for the Invalidation Applicant
	<input type="checkbox"/> Other <i>(Please specify)</i>
<b>5. Registrar's decision</b> Tick the option that applies to your Design application	<input type="checkbox"/> Decision at the examination stage
	<input type="checkbox"/> Decision in invalidity proceedings

**6. Signature**

**Name**

(BLOCK CAPITALS)

**Date**

**7. Your reference**

Complete if you would like us to quote this in communications with you, otherwise leave blank.

**Contact details**

Name, daytime telephone number of the person to contact in case of query

**Checklist**

Please make sure you have remembered to:

- Provide the design number
- Sign the form

**Where to send**

Intellectual Property Office  
Trade Marks and  
Designs Registry  
Concept House  
Cardiff Road Newport  
South Wales  
NP10 8QQ