

## Application for grant of a Supplementary Protection Certificate for a Medicinal Product

Before filling in the boxes, please consult "Guide for filling in the Application for grant of a Supplementary Protection Certificate".

---

1. Reference number for the applicant's representative.

---

2. Applicant details (full name and address):

(Applicant(s)=proprietor(s) of the basic patent)

Additional applicants on reverse side

CVR number:  
Tel. (residence):

P-number.:  
Tel. (work):

E-mail:  
Mobile:

---

3. Representative (name, address and CVR number, if any):

Tel.:

Fax:

---

4. a) The product for which you search protection:

b) Name of the medicinal product:

---

5. Basic patent:

a) Number:

b) Title of the invention

---

6. First marketing authorization for the product as a medicinal product in Denmark:

a) Number:

b) Date:

c) This marketing authorization is the first within the Community

Yes (do not fill in box 7)

No (fill in box 7)

d) Identification of the product according to this marketing authorization:

Stated on reverse side:

---

7. First marketing authorization for the product as a medicinal product in the Community:

a) Number:

b) Date:

c) Identification of the product according to this marketing authorization:

Stated on reverse side

d) Legal provision under which the authorization took place:

Stated on reverse side

---

10.  The application has previously been filed by fax on:

11. Date and signature

---

Patent- og  
Varemærkestyrelsen

Helgeshøj Allé 81  
2630 Taastrup

Tlf. : 43 50 80 00  
Fax : 43 50 80 01  
E-mail : pvs@dkpto.dk  
Web : www.dkpto.dk  
CVR-nr. : 17 03 94 15

Erhvervs- og  
Vækstministeriet

8. Fees:

Application fee

9. Enclosed documents:

Copy of the first marketing authorization in Denmark (including summary of product characteristics)

Copy of notice publishing the authorization in another Community member state in the appropriate official publication

Translation of this

Power of Attorney

Information showing that the product is protected by the basic patent

Information on the identity of the product

12. Processing in English of the application etc. is requested

---

Applicant continued:

---

Applicant details (full name and address):

CVR number:  
Tel. (residence):

P-number.:  
Tel. (work):

E-mail:  
Mobile:

---

Applicant details (full name and address):

CVR number:  
Tel. (residence):

P-number.:  
Tel. (work):

E-mail:  
Mobile:

---

6. a) First marketing authorization for the product as a medicinal product in Denmark (continued):

---

6. d) Identification of the product according to this marketing authorization:

---

7. a) First marketing authorization for the product as a medicinal product in the Community (continued):

7. c) Identification of the product according to this marketing authorization:

7. d) Legal provision under which the authorization took place:

---