

## 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".

Patent- og  
Varemærkestyrelsen

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CVR-nr. : 17 03 94 15

Økonomi- og  
Erhvervsministeriet

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

8. Fees:

Application fee

9. Enclosed documents:

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

Copy of notice publishing the  
authorization in another Com-  
munity member state in the  
appropriate official publica-  
tion

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

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Applicant continued:

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Applicant details (full name and address):

CVR number:  
Tel. (residence):

P-number.:  
Tel. (work):

E-mail:  
Mobile:

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Applicant details (full name and address):

CVR number:  
Tel. (residence):

P-number.:  
Tel. (work):

E-mail:  
Mobile:

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

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

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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:

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