

Application for an Extension of a Supplementary Protection Certificate (SPC) for Pharmaceutical Products

Fields marked with ● are mandatory. Fill in the form using capital letters or type it. Please do not staple the pages together. Please note that you will have to print out this form, as the information can not be saved.

Sandakerveien 64
PO Box 4863 Nydalen 0422 Oslo
Customer Service Centre +47 22 38 73 00
patentstyret.no
post@patentstyret.no
Bank account 8276 01 00192
Org.no. 971526157 MVA

● Applicant

The applicant is the holder of a basic patent / SPC.

Given name/Company name:		Surname:
Postal address:		
Postal code:	City:	Country:
Organisation number, if company:		Customer ID at NIPO, if any:

Check this box if additional applicants are listed in a separat document.

Contact info

Designate a contact person for the applicant or for the applicant's agent for this application. State telephone number and reference if any.

E-mail:	
Reference (max. 20 characters; this reference will appear on the invoice):	Telephone:

Agent

Disregard if you have not appointed an agent to represent you.

Given name/Company name:		Surname:
Postal address:		
Postal code:	City:	Country:
Organisation number, if company:		Customer ID at NIPO, if any:

● Application

Are you filing this application at the same time as the application for SPC?

Yes No

The application applies to an extension of an application for SPC submitted to the NIPO:

Application number:	Filing date (yyyy-mm-dd):
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The application applies to an extension of the attached, granted Supplementary Protection Certificate:

Certificate number:	Expiry date (yyyy-mm-dd):
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● Active ingredients

The product for which you are applying for an extension of duration of SPC (use the extra attachments form if this field is too small)

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Name of the preparation

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Application for an Extension of a SPC for Pharmaceutical Products

● **Basic patent**

Number:

Title of the patent (use the extra attachments form if this field is too small)

● **Marketing authorisation**

The applicant declares that there is a valid marketing authorisation for all EEA States except Liechtenstein, which is updated with the results of paediatric studies carried out in accordance with the approved paediatric investigation plan. See Article 36 (3) of Regulation (EC) No 1901/2006.

● **Orphan drugs**

The applicant declares that the product for which the application for extended duration of SPC applies is not classified as an orphan drug. See Article 36 (4) of Regulation (EC) No 1901/2006.

● **Paediatric indication**

The applicant declares that no application for a one-year extension of the marketing protection for the medicinal product has been filed/granted, based on a new paediatric indication. See Article 36 (5) of Regulation (EC) No 1901/2006.

Processing in English

Check this box if you wish the application to be processed in English.

● **Attachments**

Copy of valid marketing authorisation for all EEA States except Liechtenstein, which is updated with the results of paediatric studies carried out in accordance with the approved paediatric investigation plan.

● Copy of declaration of concordance with completed approved paediatric investigation plan.

Copy of granted certificate (if application for extension of duration applies to a Supplementary Protection Certificate which has already been granted).

Copy of Power of Attorney (if applicant is represented by an agent).

E-mail/Fax

The application has been previously delivered by e-mail/fax. Date (yyyy-mm-dd):

● **Sender**

Check that all the relevant fields have been filled in.

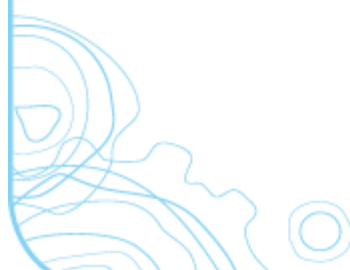
Name/Company name (in capital letters): Your reference:

● **Signature**

Sign the application.

Place: Date: Signature:

Please note: we will send you an invoice for the application fee. You must pay the invoice by the due date.



Application for an Extension of a SPC for Pharmaceutical Products

Attachments: other applicants, products and titles

Use this form to provide information concerning other applicants. If the application contains more than one applicant, the Norwegian Industrial Property Office will correspond with the applicant stated in the application form. If any of the applicants have an organisation number, please provide this.

Contact info

Repeat contact details or applicant's name from the first page.

E-mail:	
Reference (max. 20 characters; this reference will appear on the invoice):	Telephone:

Applicant no.

Given name/Company name:	Surname:	
Postal address:		
Postal code:	City:	Country:
Organisation number, if company:		Customer ID at NIPO, if any:

Applicant no.

Given name/Company name:	Surname:	
Postal address:		
Postal code:	City:	Country:
Organisation number, if company:		Customer ID at NIPO, if any:

Continuation of information concerning the product

(use if not enough space on first page).

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Continuation of title of the patent

(use if not enough space on first page).

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