

## Statement of inventorship and of right to grant of a patent

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NP10 8QQ

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1. Your reference

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2. Patent application number  
*(if you know it)*

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3. Full name of the or of each applicant

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4. Title of the invention

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5. State how the applicant(s) derived the right  
from the inventor(s) to be granted a patent

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6. How many, if any, additional Patents Forms  
7 are attached to this form?  
*(see note (c))*

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7. I/We believe that the person(s) named over the page *(and on any extra copies of this form)* is/are the inventor(s) of the invention which the above patent application relates to.

Signature

Date

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8. Name, e-mail address, telephone, fax and/or mobile  
number, if any, of a contact point for the applicant

### Notes

- If you need help to fill in this form or you have any questions, please contact the Office on 08459 500505.*
- Write your answers in capital letters using black ink or you may type them.*
- If there are more than three inventors, please write the names and addresses of the other inventors on the back of another Patents Form 7 and attach it to this form.*
- Once you have filled in the form remember to sign and date it.*

# Patents Form 7

Enter the full names, addresses and postcodes of the inventors in the boxes and underline the surnames

Patents ADP number <i>(if you know it):</i>

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Patents ADP number <i>(if you know it):</i>

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Reminder

Have you signed the form?

Patents ADP number <i>(if you know it):</i>