

**Request to reinstate a  
patent application**

*(See the notes on the back of this form)*

Concept House  
Cardiff Road  
Newport  
South Wales  
NP10 8QQ

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1. Your reference

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2. Patent application number

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3. Full name of the applicant or of  
each applicant

Patents ADP number

*(if you know it)*

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4. What is the reason for reinstatement?

*(Continue on a separate sheet if necessary)*

*(See note c)*

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5. I/We request the above application be reinstated

Signature

Date

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

## Patents Form 14

### Notes

- a) *If you need help to fill in this form or you have any questions, please contact the Office on 08459 500505.*
- b) *Write your answers in capital letters using black ink or you may type them.*
- c) *You should provide supporting evidence with this form. If you do not, the Office will set a deadline for submitting the evidence.*
- d) *Once you have filled in this form remember to sign and date it*
- e) *For details of the fee and ways to pay, please contact the Office.*