FORM 4
FEE Rs. 1000

APPLICATION FOR THE RESTORATION
OF DESIGN UNDER SECTION 12(2)
[See rule 24]

1. Insert the name (in full), address and nationality of applicant(s).

   I (or/we) \(^1\) ________________________________

   Hereby apply for an order of the Controller for the restoration of Design No. __________________________

   ____________________ of ______________________

2. State the last date when fee was due.

   dated ______________ granted to ______________

   _________________________________

3. To be signed by the applicant(s) or if the applicant(s) is/are absent from India, by authorised agent.

   The circumstance which led to the failure to pay the extension fee of Rs. __________ on or before the \(^2\)

   __________________ day of ____________ are as follows :-

   _________________________________

   _________________________________

   I/we declare that I/We have not assigned the Design to any other person(s) and that the fact and matters stated herein are true to the best of my/our knowledge, information and belief.

   My/our address for service in India is :-

   _________________________________

   _________________________________

   Dated this ____________ day of ____________ 19

   (Signature) \(^3\) _________________________________

TO
THE CONTROLLER OF DESIGNS,
THE PATENT OFFICE, CALCUTTA.

Note: Strike out whichever is inapplicable.