## FORM 8



## PATENTS REGISTRATION ACT 1973

## NOTICE OF OPPOSITION TO APPLICATION OF AN INVENTION TO BE REGISTERED AS GRANT OF PATENT

[Section 7(1); Regulation 14]

NBGP No: ... / 20...

To:

The Registrar of Patents Government Buildings Yaren District Republic of Nauru

PART 1 – RELEVANT INFORMATION FOR OPPOSITION	
Patent reference number	
Date published for opposition	
Title of invention	
PART 2 – DETAILS OF PERSON / ENTITY OPPOSING THE APPLICATION	
Full name	
Gender (if applicable)	
Date of birth (if applicable)	
Telephone	
Email	
Opponent type (individual, firm, corporation, association, trust, etc)	
Registration number (if firm,	
corporation, association, trust, etc)	
Principal place of business	
Address for service of the person /	
entity opposing	
PART 3 – GROUNDS OF OPPOSITION(tick where applicable)	
publication or use of the invention in Nauru before the priority date	
prior registration of a patent for the invention or of an application for a patent for the	
invention under the Patents Registration Act 1973	
publication or use of the invention in Nauru before the priority date	
prior registration of a patent for the invention or of an application for a patent for the	
invention under the Patents Registration Act 1973	

prior grant of patent for the invention by the appropriate authority in the United Kingdom, the Commonwealth of Australia or the United States of America
prior filing of a complete specification in support of an application for a patent for the invention with the appropriate authority in the United Kingdom, the Commonwealth of Australia or the United States of America
PART 4 – DECLARATION
I (state name) of (address), (occupation), do solemnly and sincerely declare that (set out matter declared, using numbered paragraphs if it is lengthy):
(a)
And I make this solemn declaration by virtue of the <i>Oaths, Affirmations and Statutory Declarations Act 1976</i> conscientiously believing in the statement contained therein to be true in every particular.  Signed by the applicant:
Name of person filing this form:
<b>NOTE:</b> Any person making a false statement is guilty of an offence and is liable to imprisonment for 5 years.
Payment receipt number:
OFFICIAL PURPOSES
Received by:
(Full name of officer)
Date: / / 20
Time: am / pm