## FORM 4

## [THE DESIGNS ACT, 2000]

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

<sup>4</sup> [For Fee see First Schedule]	
Alnsert the name (in full), address and nationality of applicant(s).	I (or We) <sup>A</sup>
<sup>B</sup> State the last date when fee was due.	The circumstance which led to the failure to pay the extension fee of Rs
	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 thisday of20
To be signed by the applicant(s) or if the applicant(s) is/are absent from India, by authorised agent.	(Signed) <sup>C</sup>
Note.—Strike out whichever is inapplicable.	То
	The Controller of Designs,
	The Patent Office,