

**INTELLECTUAL PROPERTY CORPORATION OF MALAYSIA**  
**GEOGRAPHICAL INDICATIONS ACT 2022**  
**REQUEST FOR EXTENSION OF TIME**

<b>1</b>	<b>REQUEST FOR EXTENSION OF TIME FOR —</b> (Please select which is applicable)  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"><input type="checkbox"/></div> <div>For opposition proceeding</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"><input type="checkbox"/></div> <div>For other than opposition proceeding</div> </div>
<b>2</b>	<b>NUMBER OF MONTHS REQUIRED:</b>
<b>3</b>	<b>APPLICATION OR REGISTRATION NO.:</b>
<b>4</b>	<b>CLASS:</b>
<b>5</b>	<b>JUSTIFICATION:</b> Please state the circumstances justifying the application:  <div style="margin-left: 20px;"> <input type="checkbox"/> Unable to respond in time  <input type="checkbox"/> Need time to gather information /evidence  <input type="checkbox"/> To appeal to Court  <input type="checkbox"/> Others. Please specify.....                 </div> <p style="margin-top: 10px;">(Note: If the space provided is insufficient, please use a separate sheet and firmly attach it to this form)</p>
<b>6</b>	<b>DECLARATION AND SIGNATURE</b>  <input type="checkbox"/> <b><u>By the person filing the Form</u></b> I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge.  <input type="checkbox"/> <b><u>By Agent</u></b> (An agent signing this form on behalf of the person filing this form shall satisfy himself as to the truth of the declaration)  I, the undersigned, do hereby declare that: <div style="margin-left: 20px;">                     i I have been duly appointed and authorized to act as an agent on behalf of the person who is filing this form.  <b>ii</b> the information furnished above on behalf of the person who is filing this form is true to the best of the person's knowledge.                 </div> <p>Signature: _____</p> <p>Name of signatory: _____</p> <p>Official capacity of signatory: _____</p> <p style="margin-left: 20px;">(Examples: Authorized person, Director; Principal Officer of Person filing this form/ Agent)</p> <p>Date: _____</p> <p><b>Attention:</b></p> <p style="margin-left: 40px;"> <b>It is an offence under section 36 of the Geographical Indications Act 2022 to submits or causes to be submitted or makes a false entry to the Geographical Indications Office and that person may be liable to a fine not exceeding RM50,000 or to imprisonment for a term not exceeding 5 years or to both.</b> </p>

<b>7</b>	<p><b>FOR USE IN OPPOSITION PROCEEDING ONLY:</b></p> <p>Decision of the opposition officer:</p> <p><input type="checkbox"/> (a) Your request for extension of time is approved for ..... month(s) from..... until .....upon payment of RM.....</p> <p style="margin-left: 40px;">Authorize signature:.....</p> <p style="margin-left: 40px;">Name: .....</p> <p style="margin-left: 40px;">Date:.....</p> <p><input type="checkbox"/> (b) Your request for extension of time is rejected.</p>																				
<b>8</b>	<p><b>SCANNING SHEET</b> (Self-calculation for payment of scanning services)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">No</th> <th style="width: 55%;">Name of Document</th> <th style="width: 15%;">No of Page(s)</th> <th style="width: 20%;">Amount (RM2 for each page)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2"><b>TOTAL PAGES AND AMOUNT TO PAY</b></td> <td> </td> <td> </td> </tr> </tbody> </table> <p><input type="checkbox"/> If more space is necessary, mark off this box and use an additional sheet</p>	No	Name of Document	No of Page(s)	Amount (RM2 for each page)													<b>TOTAL PAGES AND AMOUNT TO PAY</b>			
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<b>9</b>	<p><b>PAYMENT DETAILS</b> [Note: This will depend on the method of payment accepted.]</p> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="checkbox"/> Cash                      <input type="checkbox"/> Cheque (Cheque No.)  <input type="checkbox"/> Credit Card              <input type="checkbox"/> Local Order (LO No.)  <input type="checkbox"/> Other, please specify </div> <div style="width: 35%;"> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div> </div> </div> </div>																				