

INTELLECTUAL PROPERTY CORPORATION OF MALAYSIA
GEOGRAPHICAL INDICATIONS ACT 2022
FILING OF NOTICE OF OPPOSITION RELATING TO REGISTRATION OF GEOGRAPHICAL INDICATION

| 1 | NOTICE IS HEREBY GIVEN TO OPPOSE THE APPLICATION FOR REGISTRATION OF APPLICATION NO. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|---|--------------------------------------|--|---------------------|---|--|---|---|-------------|--|--|--|--|--|--------------------------------------|--|----------------|--|---|-----------|--|---|-------|--|---|-----------------------------------|--|
| 2 | DETAILS OF OPPOSITION <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 45%; text-align: center;">Class to be opposed</th><th colspan="2" style="text-align: center;">Intellectual Property Official Journal in which the opposed Geographical Indications was advertised</th></tr> <tr> <td></td><th style="width: 25%; text-align: center;">Date</th><th style="width: 30%; text-align: center;">Jilid/Batch</th></tr> <tr> <td style="height: 40px;"></td><td></td><td></td></tr> </table> | | | Class to be opposed | Intellectual Property Official Journal in which the opposed Geographical Indications was advertised | | | Date | Jilid/Batch | | | | | | | | | | | | | | | | | | |
| Class to be opposed | Intellectual Property Official Journal in which the opposed Geographical Indications was advertised | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3 | GROUND OF OPPOSITION (Statement of the grounds of opposition shall be attached to this form). <p>If the space provided is insufficient, please continue on a separate sheet which must be firmly annexed to this form. Any additional pages (for statement of the grounds of opposition) to be firmly annexed with geographical indication application number on top right corner of each page.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | OPPONENT <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">a</td><td style="width: 15%;">Name:</td><td style="width: 80%;"></td></tr> <tr> <td style="text-align: center;">b</td><td rowspan="4">Address (If the address is not within Malaysia, you must also complete section 5 below)</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr> <td></td><td>Postcode: Town:</td></tr> <tr> <td></td><td>State/Country:</td><td></td></tr> <tr> <td style="text-align: center;">c</td><td>Telephone</td><td></td></tr> <tr> <td style="text-align: center;">d</td><td>Email</td><td></td></tr> <tr> <td style="text-align: center;">e</td><td>Reference (If no agent appointed)</td><td></td></tr> </table> | | | a | Name: | | b | Address (If the address is not within Malaysia, you must also complete section 5 below) | | | | | | | Postcode: Town: | | State/Country: | | c | Telephone | | d | Email | | e | Reference (If no agent appointed) | |
| a | Name: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Address (If the address is not within Malaysia, you must also complete section 5 below) | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| c | Telephone | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|----------------|--|---|--|---|-----------|---|----------------|------------|-----------|-------|----------------|--|---|-----------|--|
| 5 | AGENT <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center;">a</td> <td style="width: 35%;">Name:</td> <td style="width: 60%;"></td> </tr> <tr> <td style="text-align: center;">b</td> <td>Agent Code</td> <td></td> </tr> <tr> <td style="text-align: center;">c</td> <td>Reference</td> <td></td> </tr> </table> <p style="margin-top: 10px;">Note: Fee of RM30 (Fee Code GIA27) will be charged if the agent is newly appointed.</p> | | | a | Name: | | b | Agent Code | | c | Reference | | | | |
| a | Name: | | | | | | | | | | | | | | |
| b | Agent Code | | | | | | | | | | | | | | |
| c | Reference | | | | | | | | | | | | | | |
| 6 | ADDRESS FOR SERVICES OF THE OPPONENT (if no agent is appointed and the opponent wanted to have supplementary address other the stated in item 4(b)) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 5%; text-align: center; vertical-align: top;">a</td> <td style="width: 15%; vertical-align: top;">Address</td> <td style="width: 80%;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr> <td style="width: 50%;">Postcode:</td> <td style="width: 50%;">Town:</td> </tr> <tr> <td colspan="2">State/Country:</td> </tr> </table> </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">b</td> <td style="vertical-align: top;">Telephone</td> <td></td> </tr> </table> <p style="margin-top: 10px;">Note: Fee of RM30 (Fee Code GIA27) will be charged</p> | | | a | Address | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr> <td style="width: 50%;">Postcode:</td> <td style="width: 50%;">Town:</td> </tr> <tr> <td colspan="2">State/Country:</td> </tr> </table> | | | Postcode: | Town: | State/Country: | | b | Telephone | |
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| State/Country: | | | | | | | | | | | | | | | |
| b | Telephone | | | | | | | | | | | | | | |
| 7 | DECLARATION AND SIGNATURE <p style="margin-top: 10px;"><input type="checkbox"/> <u>By Person Filing the Form</u> I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge.</p> <p style="margin-top: 10px;"><input type="checkbox"/> <u>By Agent</u> (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:</p> <p style="margin-left: 20px;">a) I have been duly appointed and authorized to act as an agent on behalf of the person filing this form.</p> <p style="margin-left: 20px;">b) the information furnished above on behalf of the person filing this form is true to the best of the Opponent (s)' knowledge.</p> <p style="margin-top: 20px;">Signature:</p> <p style="margin-top: 10px;">Name of signatory: </p> <p style="margin-top: 10px;">Official capacity of signatory: </p> | | | | | | | | | | | | | | |

| | <p style="text-align: center;">(Examples: Authorized person, Director, Principal Officer of person filing this form/ Agent)</p> <p>Date:</p> <p>Attention:</p> <p>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.</p> | | | | | | | | | | | | | | | | | | |
|-------------------------------|---|---------------|----------------------------|----|------------------|---------------|----------------------------|--|--|--|--|--|--|--|--|-------------------------------|--|--|--|
| 8 | <p>SCANNING SHEET</p> <p>(Self-calculation for payment of scanning services)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">No</th><th style="width: 60%;">Name of Document</th><th style="width: 15%;">No of Page(s)</th><th style="width: 15%;">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 colspan="2">TOTAL PAGES AND AMOUNT TO PAY</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) | | | | | | | | | TOTAL PAGES AND AMOUNT TO PAY | | | |
| No | Name of Document | No of Page(s) | Amount (RM2 for each page) | | | | | | | | | | | | | | | | |
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| TOTAL PAGES AND AMOUNT TO PAY | | | | | | | | | | | | | | | | | | | |
| 9 | <p>PAYMENT DETAILS [Note: This will depend on the method of payment accepted.]</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p><input type="checkbox"/> Cash <input type="checkbox"/> Cheque (Cheque No.)</p> <p><input type="checkbox"/> Credit Card <input type="checkbox"/> Local Order (LO No.)</p> <p><input type="checkbox"/> Other, please specify</p> </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> | | | | | | | | | | | | | | | | | | |