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 Private Bag X84  
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Physical address:  
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## PATENT EXAMINATION BOARD

### ENTRY FORM FOR SUPPLEMENTARY OR AEGROTAT PATENT EXAMINATIONS IN TERMS OF THE PATENT EXAMINATION REGULATIONS (AS AMENDED)

To be received by The Secretary, The Patent Examination Board, Consumer and Corporation Regulation Branch, Department of Trade, Industry and Competition (at above address or via email), at least **1** week prior to the date of the earliest supplementary/aegrotat examination, together with proof of payment.

**Please write clearly**

Surname: \_\_\_\_\_

Full forenames: \_\_\_\_\_

Tel: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail for official correspondence: \_\_\_\_\_

Student number: \_\_\_\_\_

I hereby apply to write the following examinations, for which I have been awarded a supplementary or aegrotat examination:

Subject	Fees	Tick appropriate subject
(a) Legal Framework for the Protection of Intellectual Property in South Africa	R700	
(b) South African Patent Law and Practice	R700	
(c) South African Design Law and Practice	R700	
(d) Selected International Patent Laws, Systems and Treaties	R700	
(e) The Drafting of Patent Specifications	R1,400	
(f) Practical Legal Problems with Regard to Patents	R700	
(g) Patent Attorneys' Practice	R700	
(h) Interpretation of Drawings	R700	
Total payment due	R	

Please indicate where you would prefer to write the examination(s), but note that the Patent Examination Board has the discretion to decide at which venue(s) examinations will be written. In certain instances supplementary or aegrotat examinations will be held in Pretoria only, or in Pretoria and Cape Town only (if selecting Durban, please also select an alternative venue and mark with a "B", in the event that Durban is not available):

Pretoria

Cape Town

Durban

\_\_\_\_\_  
 Candidate's signature

\_\_\_\_\_  
 Date

**Payments can be made into the following account:**

Account holder: Department of Trade and Industry Account Number: 370 650 026

Bank: Standard Bank

Branch: Sunnyside Branch Code: 010645

Reference: **PEB00DTI** followed by your **initials** and **surname** [Note: without this reference, your payment cannot be processed]