FIRST SCHEDULE

BRUNEI DARUSSALAM EMERGENCY (INDUSTRIAL DESIGNS) ORDER, 1999 INDUSTRIAL DESIGNS RULES, 2000

The Registrar of Industrial Designs Registry of Industrial Designs

Designs Form D8

For Official Use		
Date of receipt	Amount: \$	
	* Cash/Cheque/Money Order No:	
	(* delete whichever is inapplicable)	

Notice of Opposition or Counter-Statement

Rules 35 or 36

(see the notes on the last page of this form)	
01 Your reference	
02 Application/Multiple Application/	
Registration No. to which the opposition/	
Counter-statement relates	
(delete as appropriate) (see note 4)	
03 Specify if the filing is a notice of opposition or counter-statement	
(a) notice of opposition	
(b) counter-statement	
04 Full name of applicant(s)/registered owner(s) of	
the design to which this opposition or counter-	
statement relates	
(delete as appropriate)	
Name(s) (underline surname)	
	1

05 The opposition/counter-statement is filed by:	
(a) applicant	
(b) registered owner	
(c) other	
If "other" is ticked, give the following details:	
Full name(s) (underline surname)	
Address	
Telephone	
Fax	
Kind of incorporation (Country/State) (<i>if applicable</i>)	
Relevant sections or rules under which the notice of opposition/counter-statement is filed (<i>delete as appropriate</i>)	
	section(s)
	rule(s)

06 The following information has been provided on a separate sheet of paper: <i>(tick the appropriate box)</i>	
<u>OPPOSITION</u> Under rules 33/37/38/39 (delete as appropriate)	<u>COUNTER-STATEMENT</u> Under rules 36/37 (delete as appropriate)
Details of grounds on which the opponent objects	Details of grounds on which person filing this counter-statement relies to support his request
Details of facts, if any, on which the opponent relies	Details of the facts, if any, alleged in the notice of opposition which the person filing this counter-statement relies
07 Name of agent (<i>if you have one</i>)	
Address for Service	
Telephone	
Fax	
Tick this box if the address above is to replace the address for service on record (<i>see note 5</i>)	
08 Name of signatory	
Official capacity of signatory	
Date: / / (day/month/year)	Signature

Notes:

- 1. Please complete this form in black ink or by typing.
- 2. This form when completed, should be brought or sent to the Registry of Industrial Designs together with the prescribed fee.
- *3. A separate form should be used for each application or design.*
- 4. The statement and the application should be filed in duplicate.
- 5. If you have ticked the box, you do not need to file Designs Form D13. The address for service must be an address in Brunei Darussalam.
- 6. If there is not enough space for all the relevant details on any part of this form, please continue on a separate sheet and write "see continuation sheet" in the relevant part. Any continuation sheet should be attached to this form.
- 7. This form must be signed and dated by the applicant or his agent.