



Notice of Opposition

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Notice of Opposition

Personal Details of Customer

(* denotes mandatory fields)

| | | | | | |
|----------------------------------|---|-------|--------------|-------------|------|
| *Name | Samsung Bioepis AU Pty Ltd | | ACN/ARBN/ABN | 611 890 094 | |
| *Address (can be a PO Box) | Suite 1, Level 11, 66 Goulburn St, Sydney | | | | |
| | Country (if not Australia) | State | NSW | Postcode | 2000 |
| 2nd Name (if required) | ACN/ARBN/ABN | | | | |
| Address (can be a PO Box) | | | | | |
| | Country (if not Australia) | State | | Postcode | |

Address for Service of documents in Australia or New Zealand (can be a PO Box)

| | | | | | |
|---------|--|-----------|-------|-----|---------------|
| Address | c/o Maddocks Lawyers, Level 27, 123 Pitt Street SYDNEY | | | | |
| | Country | Australia | State | NSW | Postcode 2000 |

Correspondence Address (if different from the above)

| | | | | | |
|---------|----------------------------|-------|--|----------|--|
| Address | | | | | |
| | Country (if not Australia) | State | | Postcode | |

Agent Details (only complete if you are being represented by an Agent authorised to act on your behalf)

| | | | | | |
|---------|----------------------------------|-------|-----|----------|------|
| Name | Maddocks Lawyers | | | | |
| Address | Level 27, 123 Pitt Street SYDNEY | | | | |
| | Country (if not Australia) | State | NSW | Postcode | 2000 |

Additional Contact Details (your details or the details of your agent)

| | | | | | |
|---------------|----------------------------|-----|------------------|-----------------|--|
| Telephone | (02) 9291 6150 | Fax | (02) 9221 0872 | Mobile Number | |
| Email Address | ben.miller@maddocks.com.au | | | Customer Number | |

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I give notice that I oppose:

- | | |
|---|---|
| <input type="checkbox"/> the grant of a licence in respect of application or Patent | <input type="checkbox"/> the allowance of an amendment |
| <input type="checkbox"/> an extension of the term of a standard patent | <input type="checkbox"/> an extension of time |
| <input type="checkbox"/> a certified innovation patent* | <input checked="" type="checkbox"/> the grant of a patent |

Application / Patent number

2019346134

in the name of

Email address for sharing of evidence and documents:

**Note: If Innovation Patent include Statement of Grounds and Particulars and Evidence in Support*