Publication of EP Applications and Validation of EP

Validation of EP
Fields marked with • are mandatory. Fill in the form using capital letters or type it. Please do not staple the pages together. Please note that you will have to print out this form, as the information can not be saved.

Sandakerveien 64 PO Box 4863 Nydalen 0422 Oslo Customer Service Centre +47 22 38 73 00 patentstyret.no

> post@patentstyret.no Bank account 8276 01 00192

Publication/			Org.no. 971526157 MVA	
application no.		/alidation of the EP patent Number: B1 - after granting at the EPO)	3450349	
Contact info Contact person for the applicant or the	E-mail: Validation.europe@zacco.com			
applicant's agent	Reference (max. 20 characters; this re V348172NO00	eference will appear on the invoice):	Telephone: +45 39 48 80 00	
• Information on the applicant/ proprietor Choose either company or personal name	Given name/Company name: Daikyo Seiko, LTD.		Surname:	
	Postal address: 1305-1, Kurohakama-cho			
	Postal code:	City:	Country:	
	Sano-shi, Tochigi 327-0813 / JP	City.	Country.	
		Organisation number, if company:	Customer ID at NIPO, if any:	
Check box if additional applicants/proprietors are listed in a separat documen				
Agent/ Correspondence address	Given name/Company name: ZACCO NORWAY AS		Surname:	
	Postal address: P.O. BOX 488 Skøyen			
	Postal code: 0213	City: OSLO	Country: NORWAY	
		Organisation number, if company:	Customer ID at NIPO, if any:	
• Title CON	TAINER			
Attachments Norwegian translation of claims				
>	- 			
Other	• Other			
• Signature Please sign the form, and make sure all relevant fields are filled.	Name/Company name (in capital lette	rs): Your reference:		
	Priti Kumari	V348172N0	000	
	Place: Date: Oslo October 20, 2	Signature:		

Priti Kumari

Publication of EP Applications and Validation of EP



Information on the applicant/	Given name/Company name:		Surname:
proprietor	Postal address:		
	Postal code:	City:	Country:
		Organisation number, if company:	Customer ID at NIPO, if any:
Information on the applicant/proprietor	Given name/Company name:		Surname:
	Postal address:		
	Postal code:	City:	Country:
		Organisation number, if company:	Customer ID at NIPO, if any:
Information on the applicant/ proprietor	Given name/Company name:		Surname:
proprietor	Postal address:		
	Postal code:	City:	Country:
		Organisation number, if company:	Customer ID at NIPO, if any:
Information on the applicant/ proprietor	Given name/Company name:		Surname:
	Postal address:		
	Postal code:	City:	Country:
		Organisation number, if company:	Customer ID at NIPO, if any:

