## FIRST SCHEDULE

(Section 25(2))

## FORM 8

## Payment of Annual Fee

Please read	the notes on	the back of the	his form before	completing
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1.	Your reference:
2.	Patent Number:
3.	Which year are you paying for?:
4.	Amount of annual fee:Amount of late payment fee:Total amount paid:
5.	Name and address of person paying the fee:
6.	If next year you want a reminder that the annual fee is overdue to be sent to a mailing or email address other than the address for service registered with the Office, enter details of this other address here and sign and date the form.
Sig	gnature: Date:
7.	Name, e-mail address, telephone, fax and or mobile number, if any, or a contact point for the applicant:
No	tes
A.	If you need help in filling out this form or have any questions, please contact the Office at (876) 946-1300 or send an email to <a href="mailto:info@jipo.gov.jm">info@jipo.gov.jm</a> .

- B. You may either type or write your answers in capital letters using black ink.
- C. If you have filled in part 6 of the form please remember to sign and date it.
- D. For details of fees and methods of payment, please contact the Office.