

ORIGINAL

3829 DELNP 12

<p align="center"><b>FORM 18</b> <b>THE PATENT ACT 1970</b> <b>(39 of 1970)</b> <b>&amp;</b> <b>The Patents Rules, 2003</b> <b>(As Amended)</b> <b>REQUEST/EXPRESS REQUEST FOR EXAMINATION OF</b> <b>APPLICATION FOR PATENT</b> <b>(See section 11B and rule 20(4)(ii), 24b(1)(i))</b></p>	<p align="center"><b>(FOR OFFICE USE ONLY)</b></p> <p>RQ.NO: Filing Date: Amount of Fee Paid: 10,000/- CBR No: Signature: 01 MAY 2012 3922</p>
<p><b>1. APPLICANT(S)/OTHER INTERESTED PERSON</b></p> <p><b>COLGATE-PALMOLIVE COMPANY</b>, a company organized and existing under the laws of USA, of 300 Park Avenue, New York, NY 10022, USA,</p> <p>The date of publication of the application under section 11A .....</p>	
<p><b>2. STATEMENT IN CASE OF REQUEST FOR EXAMINATION MADE BY THE APPLICANT(S)</b></p> <p>I/We hereby request that my/our application for patent no. _____/DELNP/2012 filed on <b>May 1, 2012</b> for the invention titled <b>"ORAL CARE SYSTEM"</b> shall be examined under section 12 and 13 of the Act.</p>	
<p><b>3. STATEMENT IN CASE OF REQUEST FOR EXAMINATION MADE BY ANY OTHER INTERESTED PERSON: NIL</b></p>	
<p><b>4. ADDRESS FOR SERVICE</b></p> <p align="center"><b>Anand and Anand Advocates</b> <b>B-41, Nizamuddin East</b> <b>New Delhi – 110013, India</b> <b>Phone No:</b> 0091-11-24355076, 24358078, 91-120-4059300 <b>Fax No:</b> 0091-11-24354243, 91-120-4243056,-058 <b>E-mail:</b> anandandanand@vsnl.com, email@anandandanand.com, archana@anandandanand.com</p>	
<p><b>Dated this 1<sup>st</sup> day of May 2012</b></p> <p>To The Controller of Patents The Patent Office, Delhi.</p> <p align="right"><i>Neeti</i> <b>Anand and Anand, Advocates</b> <b>Agents for the applicants</b></p>	