

MODEL INTERNATIONAL FORM No. 1

APPLICATION FOR THE REGISTRATION OF A MARK

submitted to the Office of

FOR OFFICE USE ONLY

Reference number of applicant¹:

Reference number of representative¹:

1. Request for Registration

Registration of the mark reproduced in the present application is hereby requested.

¹ The reference number allotted by the applicant and/or the reference number allotted by the representative to the present application may be indicated in this space.

2. Applicants(s)

2.1 If the applicant is a natural person, the person's

(a) family or principal name²:

(b) given or secondary name(s)²:

2.2 If the applicant is a legal entity, the entity's full official designation:

2.3 Address (including postal code and country):

Telephone number(s):
(with the area code)

Telefacsimile number(s):
(with the area code)

E-mail address:

2.4 State of nationality:

State of domicile:

State of establishment³:

2.5 Where the applicant is a legal entity, indicate

– the legal nature of the legal entity:

– the State, and, where applicable, the territorial unit within that State, under the law of which the legal entity is organized:

2.6 Check this box if there is more than one applicant; in that case, list them on an additional sheet and indicate, in respect of each of them, the data referred to in items 2.1 or 2.2, 2.3, 2.4 and 2.5⁴.

² The names to be indicated under (a) and (b) are either the full names of the applicant or the names customarily used by the applicant.

³ "Establishment" means a real and effective industrial or commercial establishment.

⁴ Where several applicants are listed on the additional sheet with different addresses and there is no representative, the address for correspondence must be underlined on the additional sheet.

3. Representative

3.1 The applicant is not represented.

3.2 The applicant is represented.

3.2.1 Identification of the representative

3.2.1.1 Name:

3.2.1.2 Address (including postal code and country):

Telephone number(s):
(with the area code)

Telefacsimile number(s):
(with the area code)

E-mail address:

3.2.2 The power of attorney is already in the possession of the Office.
Serial number⁵:

3.2.3 The power of attorney is attached.

3.2.4 The power of attorney will be furnished at a later date.

3.2.5 No power of attorney is needed.

4. Address for Service⁶

⁵ To be left blank if the power of attorney has not, or has not yet, been allotted a serial number or if the serial number is not yet known to the applicant or the representative.

⁶ An address for service must be indicated in the space available under the title of item 4 where the applicant does not have or, if there is more than one applicant, where none of the applicants has a domicile or a real and effective industrial or commercial establishment on the territory of the Contracting Party whose Office is the Office named on the first page of the present application, except where a representative is indicated in item 3.

5. Claiming of Priority

The applicant hereby claims the following priority:

5.1 Country (Office) of first filing⁷:

5.2 Date of first filing:

5.3 Application number of first filing (if available):

5.4 The certified copy of the application the priority of which is claimed⁸

5.4.1 is attached.

5.4.2 will be furnished within three months from the filing date of the present application.

5.5 The translation of the certified copy

5.5.1 is attached.

5.5.2 will be furnished within three months from the filing date of the present application.

5.6 Check this box if there is more than one filing whose priority is claimed; in that case, list them in an additional sheet and indicate, in respect of each of them, the information referred to in items 5.1, 5.2, 5.3, 5.4 and 5.5 and the goods and/or services mentioned in each of them.

⁷ Where the application the priority of which is claimed was filed with an Office other than a national Office (e.g., OAPI, the Benelux Trademark Office and the Office for Harmonization in the Internal Market (trade marks and designs), the name of that Office has to be indicated instead of the name of a country. Otherwise, not the name of the Office but the name of the country must be indicated.

⁸ "Certified copy" means a copy of the application the priority of which is claimed, certified as being in conformity with the original by the Office which received such application.

6. Registration(s) in the Country (Office) of Origin⁹

The certificate(s) of registration in the country (Office) of origin is (are) attached.

7. Protection Resulting From Display in an Exhibition

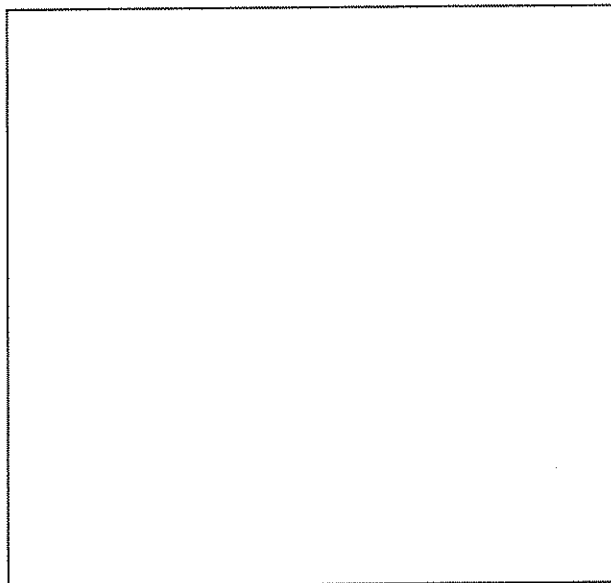
Check this box if the applicant wishes to take advantage of any protection resulting from the display of goods and/or services in an exhibition. In that case, give the details on an additional sheet.

8. Representation of the Mark

8.1 The mark is a visible sign.

8.1.1. Reproduction of the mark:

(8 cm x 8 cm)



⁹ To be filled in where the applicant wishes to furnish evidence under Article 6*quinquies* A(1) of the Paris Convention when filing the application.

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- 8.2 The applicant wishes that the Office register and publish the mark in the standard characters used by it¹⁰.
- 8.3 Color is claimed as a distinctive feature of the mark.
- 8.3.1 Indication of the color(s) claimed¹¹:
- 8.3.2 Principal parts of the mark which are in that (those) color(s):
- 8.4 The mark is three-dimensional.
-¹² different views of the mark are attached.
- 8.5 The mark is a
- 8.5.1 hologram mark.
- 8.5.2 motion mark.
- 8.5.3 color mark.
- 8.5.4 position mark.
- 8.6 Where applicable, details concerning the mark(s) under 8.5¹³.
- 8.7¹⁴ reproduction(s) of the mark in black and white is (are) attached.
- 8.8¹⁴ reproduction(s) of the mark in color is (are) attached.
- 8.9 The mark is a non-visible sign¹⁵.
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¹⁰ Such a wish cannot be expressed in respect of marks which contain or consist of figurative elements. If, in the opinion of the Office, they do contain such elements, the Office will ignore the wish of the applicant and will register and publish the mark as appearing in the square.

¹¹ The indication of the color may consist of the name and/or code of the color(s) claimed.

¹² If several different views of the mark are not included in the square provided in item 8 but are attached, check this box and indicate the number of those different views.

¹³ In respect of any of these types of mark, the Office of a Contracting Party may require one or more reproductions of the mark and details concerning the mark, as prescribed by the law of that Contracting Party.

¹⁴ Indicate the number of reproductions in black and white and/or color.

¹⁵ If the mark consists of a non-visible sign, the Office of a Contracting Party may require an indication of the type of mark, one or more representations of the mark and details concerning the mark, as prescribed by the law of that Contracting Party.

9. Transliteration of the Mark

This mark or part of the mark is transliterated as follows:

10. Translation of the Mark

The mark or part of the mark is translated as follows:

11. Goods and/or Services

Names of the goods and/or services¹⁶:

- Check this box if the space above is not sufficient; in that case, give the names of the goods and/or services on an additional sheet.
-

12. Declaration Concerning Intention to Use or Actual Use; Evidence of Actual Use

- 12.1 Check this box if a declaration is attached.
- 12.2 Check this box if evidence of actual use is attached.
-

13. Requirements Relating to Languages

- Check this box if an attachment is enclosed in order to comply with any language requirement applicable with respect to the Office¹⁷.
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¹⁶ Where the goods and/or services belong to more than one class of the Nice Classification, they must be grouped according to the classes of that Classification. The number of each class must be indicated and the goods and/or services belonging to the same class must be grouped following the indication of the number of that class. Each group of goods or services must be presented in the order of the classes of the Nice Classification. Where all the goods or services belong to one class of the Nice Classification, the number of that class must be indicated.

¹⁷ This box is not to be used if the Office does not admit more than one language.

14. Signature or Seal

14.1 Name of the natural person who signs or whose seal is used:

14.2 Check the appropriate box according to whether the signature is given, or the seal is used, by or on behalf of the

14.2.1 applicant.

14.2.2 representative.

14.3 Date of signature or of sealing:

14.4 Signature or seal:

15. Fee(s)

15.1 Currency and amount(s) of the fee(s) paid in connection with the present application:

15.2 Method of payment:

16. Additional Sheets and Attachments

Check this box if additional sheets and/or attachments are enclosed and indicate the total number of such sheets and/or attachments:

MODEL INTERNATIONAL FORM No. 2

POWER OF ATTORNEY

for procedure before the Office of

FOR OFFICE USE ONLY

Reference number of person making the appointment ¹ :

1. Appointment

The undersigned hereby appoints as his/her representative the person identified in item 3, below.

2. Name of the Person Making the Appointment²

¹ The reference number allotted by the person making the appointment to this power of attorney may be indicated in this space.

² If the person making the appointment is the applicant (or one of the applicants), the name to be indicated is that of that applicant, as indicated in the application(s) to which this power relates. If the said person is the holder (or one of the holders), the name to be indicated is that of that holder, as recorded in the register of marks. If the said person is an interested person other than an applicant or holder, the name to be indicated is the full name of that person or the name customarily used by that person.

3. Representative

3.1 Name:

3.2 Address (including postal code and country):

Telephone number(s):
(with the area code)

Telefacsimile number(s):
(with the area code)

E-mail address:

4. Application(s) and/or Registration(s) Concerned

This power of attorney concerns:

4.1 all existing and future applications and/or registrations of the person making the appointment, subject to any exception indicated on an additional sheet.

4.2 the following application(s) and/or registration(s):

4.2.1 the application(s) concerning the following mark(s)³:

4.2.2 the application(s) having the following application number(s)⁴ as well as any registration(s) resulting therefrom:

4.2.3 the registration(s) having the following registration number(s):

4.2.4 If the spaces under 4.2.1, 4.2.2 or 4.2.3 are not sufficient, check this box and provide the information on an additional sheet.

³ Complete this item if the power of attorney is filed with the Office together with the application(s).

⁴ Where the application number of an application has not yet been issued or is not known to the applicant or its representative, that application may be identified by furnishing either: (i) the provisional application number, if any, given by the Office, or (ii) a copy of the application, or (iii) a representation of the mark, accompanied by an indication of the date on which, to the best knowledge of the applicant or its representative, the application was received by the Office and an identification number given to the application by the applicant or its representative.

5. Scope of the Power of Attorney

5.1 Check this box if the representative has the right to act as representative for all purposes, including, where the person making the appointment is an applicant or a holder, the following purposes:

5.1.1 withdrawal of the application(s).

5.1.2 surrender of the registration(s).

5.2 Check this box if the representative does not have the right to act as representative for all purposes and indicate here or on an additional sheet the purposes excluded from the powers of the representative:

6. Signature or Seal

6.1 Name of the natural person who signs or whose seal is used:

6.2 Date of signature or of sealing:

6.3 Signature or seal:

7. Additional Sheets and Attachments

Check this box if additional sheets and/or attachments are enclosed and indicate the total number of such sheets and/or attachments:

MODEL INTERNATIONAL FORM No. 3

**REQUEST FOR THE RECORDAL OF CHANGE(S)
IN NAME(S) OR ADDRESS(ES)**

in respect of registration(s) and/or
application(s) for registration of mark(s)

submitted to the Office of

FOR OFFICE USE ONLY

Reference number of holder and/or applicant ¹ :
Reference number of representative ¹ :

1. Request for Recordal

The recordal of the change(s) indicated in the present request is hereby requested.

2. Registration(s) and/or Application(s) Concerned

The present request concerns the following registration(s) and/or application(s):

2.1 Registration number(s):

2.2 Application number(s)²:

¹ The reference number allotted by the holder and/or applicant and/or the reference number allotted by the representative to the present request may be indicated in this space.

² Where the application number of an application has not yet been issued or is not known to the applicant or its representative, that application may be identified by furnishing either: (i) the provisional application number, if any, given by the Office, or (ii) a copy of the application,

[Footnote continued on next page]

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- 2.3 If the spaces under 2.1 or 2.2 are not sufficient, check this box and provide the information on an additional sheet.
-

3. Holder(s) and/or Applicant(s)

- 3.1 If the holder and/or applicant is a natural person, the person's
- (a) family or principal name³:
 - (b) given or secondary name(s)³:
- 3.2 If the holder and/or applicant is a legal entity, the entity's full official designation:
- 3.3 Address (including postal code and country):

Telephone number(s): Telefacsimile number(s): E-mail address:
(with the area code) (with the area code)

- 3.4 Check this box if there is more than one holder and/or applicant; in that case, list them on an additional sheet and indicate, in respect of each of them, the data referred to in items 3.1 or 3.2 and 3.3.
-

4. Representative

- 4.1 Name:
- 4.2 Address (including postal code and country):

Telephone number(s): Telefacsimile number(s): E-mail address:
(with the area code) (with the area code)

[Footnote continued from previous page]

or (iii) a representation of the mark, accompanied by an indication of the date on which, to the best knowledge of the applicant or its representative, the application was received by the Office and an identification number given to the application by the applicant or its representative.

³ The names to be indicated under (a) and (b) are those which were indicated in the application(s), or are recorded in respect of the registration(s), to which the present request relates.

4.3 Serial number of the power of attorney⁴:

5. Address for Service

6. Indication of the Change(s)

6.1 Data to be changed:

Data as changed⁵:

6.2 Check this box if the above space is insufficient; in that case, indicate on an additional sheet the data to be changed with the data as changed.

7. Signature or Seal

7.1 Name of the natural person who signs or whose seal is used:

7.2 Check the appropriate box according to whether the signature is given, or the seal is used, by or on behalf of the

7.2.1 holder and/or applicant.

7.2.2 representative.

7.3 Date of signature or of sealing:

7.4 Signature or seal:

⁴ To be left blank if the power of attorney has not, or has not yet, been allotted a serial number or if the serial number is not yet known to the holder and/or applicant or the representative.

⁵ Indicate the name(s) and/or address(es) as changed.

8. Fee

8.1 Currency and amount of the fee paid in connection with the present request for the recordal of change(s):

8.2 Method of payment:

9. Additional Sheets and Attachments

Check this box if additional sheets and/or attachments are enclosed and indicate the total number of such sheets and/or attachments:

MODEL INTERNATIONAL FORM No. 4

**REQUEST FOR THE RECORDAL OF A CHANGE
IN OWNERSHIP**

in respect of registration(s) and/or
application(s) for registration of mark(s)

submitted to the Office of

FOR OFFICE USE ONLY

Reference number of holder and/or applicant ¹ :
Reference number of representative ¹ :

1. Request for Recordal

The recordal of the change in ownership indicated in the present request is hereby requested.

2. Registration(s) and/or Application(s) Concerned

The present request concerns the following registration(s) and/or application(s):

2.1 Registration number(s):

¹ The reference number allotted by the holder and/or applicant and/or the reference number allotted by the representative to the present request may be indicated in this space.

2.2 Application number(s)²:

2.3 If the spaces under 2.1 or 2.2 are not sufficient, check this box and provide the information on an additional sheet.

3. Goods and/or Services Affected by the Change

3.1 Check this box where all the goods and/or services listed in the application(s) and/or registration(s) referred to in item 2 are affected by the change.

3.2 Check this box where item 2 mentions only one application or registration and where only some of the goods and/or services listed in that application or registration are affected by the change and indicate the goods and/or services that should appear in the application or registration of the new owner (in which case the goods and/or services not indicated will remain in the application or registration of the applicant or holder):

3.3 Check this box where item 2 mentions more than one application or registration and if in respect of at least one of them the change affects less than all the goods and/or services listed. In this case, indicate on an additional sheet, separately in respect of each application and/or registration, whether the change affects all the goods and/or services or only some of them. In respect of any application or registration where only some of the goods and/or services are affected by the change, make the indication in the way specified in item 3.2.

² Where the application number of an application has not yet been issued or is not known to the applicant or its representative, that application may be identified by furnishing either: (i) the provisional application number, if any, given by the Office, or (ii) a copy of the application, or (iii) a representation of the mark, accompanied by an indication of the date on which, to the best knowledge of the applicant or its representative, the application was received by the Office and an identification number given to the application by the applicant or its representative.

4. Basis for the Change in Ownership

4.1 The change in ownership results from a contract.

One of the following documents is enclosed:

4.1.1 a copy, certified as being in conformity with the original, of the contract.

4.1.2 an extract, certified as being a true extract, of the contract.

4.1.3 a certificate of transfer.

4.1.4 a transfer document.

4.2 The change in ownership results from a merger.

A copy, certified as being in conformity with the original, of the following document, evidencing the merger, is enclosed:

4.2.1 extract from the register of commerce.

4.2.2 other document originating from the competent authority.

4.3 The change in ownership does not result from a contract or a merger.

4.3.1 A copy, certified as being in conformity with the original, of a document evidencing the change is enclosed.

5. Holder(s) and/or Applicant(s)

5.1 If the holder and/or applicant is a natural person, the person's

(a) family or principal name³:

(b) given or secondary name(s)³:

³ The names to be indicated under (a) and (b) are those which were indicated in the application(s), or are recorded in respect of the registration(s), to which the present request relates.

5.2 If the holder and/or applicant is a legal entity, the entity's full official designation:

5.3 Address (including postal code and country):

Telephone number(s):
(with the area code)

Telefacsimile number(s):
(with the area code)

E-mail address:

5.4 Check this box if there is more than one holder and/or applicant affected by the change; in that case, list them on an additional sheet and indicate, in respect of each of them, the data referred to in items 5.1 or 5.2 and 5.3.

5.5 Check this box if the holder and/or applicant, or one of the holders and/or applicants, has changed names and/or addresses without requesting the recordal of that change, and enclose a document evidencing that the person having transferred the ownership and the holder and/or applicant are the same person.

6. Representative of the Holder and/or Applicant

6.1 Name:

6.2 Address (including postal code and country):

Telephone number(s):
(with the area code)

Telefacsimile number(s):
(with the area code)

E-mail address:

6.3 Serial number of the power of attorney⁴:

7. Address for Service of the Holder and/or Applicant

⁴ To be left blank if the power of attorney has not, or has not yet, been allotted a serial number or if the serial number is not yet known to the holder and/or applicant or the representative.

8. New Owner(s)

8.1 If the new owner is a natural person, the person's

(a) family or principal name⁵:

(b) given or secondary name(s)⁵:

8.2 If the new owner is a legal entity, the entity's full official designation:

8.3 Address (including postal code and country):

Telephone number(s):
(with the area code)

Telefacsimile number(s):
(with the area code)

E-mail address:

8.4 State of nationality:

State of domicile:

State of establishment⁶:

8.5 Where the new owner is a legal entity, indicate

– the legal nature of the legal entity:

– the State, and, where applicable, the territorial unit within that State, under the law of which the legal entity is organized:

8.6 Check this box if there is more than one new owner; in that case, list them on an additional sheet and indicate, in respect of each of them, the data referred to in items 8.1 or 8.2, 8.3, 8.4 and 8.5⁷.

9. Representative of the New Owner

9.1 The new owner is not represented.

⁵ The names to be indicated under (a) and (b) are either the full names of the new owner or the names customarily used by the new owner.

⁶ "Establishment" means a real and effective industrial or commercial establishment.

⁷ Where several new owners are listed on the additional sheet with different addresses and there is no representative, the address for correspondence must be underlined on the additional sheet.

9.2 The new owner is represented.

9.2.1 Identification of the representative

9.2.1.1 Name:

9.2.1.2 Address (including postal code and country):

Telephone number(s):
(with the area code)

Telefacsimile number(s):
(with the area code)

E-mail address:

9.2.2 The power of attorney is already in the possession of the Office.
Serial number:⁸

9.2.3 The power of attorney is attached.

9.2.4 The power of attorney will be furnished at a later date.

9.2.5 No power of attorney is needed.

10. Address for Service of the New Owner⁹

11. Signature or Seal

11.1 Name of the natural person who signs or whose seal is used:

⁸ To be left blank if the power of attorney has not, or has not yet, been allotted a serial number or if the serial number is not yet known to the new owner or the representative.

⁹ An address for service must be indicated in the space available under the title of item 10 where the new owner does not have or, if there is more than one new owner, where none of the new owners has a domicile or a real and effective industrial or commercial establishment on the territory of the Contracting Party whose Office is the Office named on the first page of the present request, except where a representative is indicated in item 9.

11.2 Check the appropriate box according to whether the signature is given, or the seal is used, by or on behalf of the

11.2.1 holder and/or applicant.

11.2.2 new owner.

11.2.3 representative.

11.3 Date of signature or of sealing:

11.4 Signature or seal:

12. Fee

12.1 Currency and amount of the fee paid in connection with the present request for the recordal of a change in ownership:

12.2 Method of payment:

13. Additional Sheets and Attachments

Check this box if additional sheets and/or attachments are enclosed and indicate the total number of such sheets and/or attachments:

MODEL INTERNATIONAL FORM No. 5

CERTIFICATE OF TRANSFER

in respect of registration(s) and/or
application(s) for registration of mark(s)

submitted to the Office of

FOR OFFICE USE ONLY

1. Certification

The undersigned transferor(s) and transferee(s) hereby certify that the ownership of the registration(s) and/or application(s) identified below has been transferred by contract.

2. Registration(s) and/or Application(s) Concerned

The present certificate concerns the transfer of the following registration(s) and/or application(s):

2.1 Registration number(s):

2.2 Application number(s)¹:

2.3 If the spaces under 2.1 or 2.2 are not sufficient, check this box and provide the information on an additional sheet.

¹ Where the application number of an application has not yet been issued or is not known to the transferor or its representative, that application may be identified by furnishing either: (i) the provisional application number, if any, given by the Office, or (ii) a copy of the application, or (iii) a representation of the mark, accompanied by an indication of the date on which, to the best knowledge of the transferor or its representative, the application was received by the Office and an identification number given to the application by the transferor or its representative.

3. Goods and/or Services Affected by the Transfer

3.1 Check this box where all the goods and/or services listed in the application(s) and/or registration(s) referred to in item 2 have been affected by the transfer.

3.2 Check this box where item 2 mentions only one application or registration and where only some of the goods and/or services listed in that application or registration have been affected by the transfer and indicate the goods and/or services that have been affected by the transfer:

3.3 Check this box where item 2 mentions more than one application or registration and if in respect of at least one of them the transfer has affected less than all the goods and/or services listed. In this case, indicate on an additional sheet, separately in respect of each application and/or registration, whether the transfer affected all the goods and/or services or only some of them. In respect of any application or registration where only some of the goods and/or services were affected by the transfer, make the indication in the way specified in item 3.2.

4. Transferor(s)

4.1 If the transferor is a natural person, the person's

(a) family or principal name²:

(b) given or secondary name(s)²:

² The names to be indicated under (a) and (b) are those which were indicated in the application(s), or are recorded in respect of the registration(s), to which the present certificate relates.

4.2 If transferor is a legal entity, the entity's full official designation:

4.3 Address (including postal code and country):

Telephone number(s): Telefacsimile number(s): E-mail address:
(with the area code) (with the area code)

4.4 Check this box if there is more than one transferor; in that case, list them on an additional sheet and indicate, in respect of each of them, the data referred to in items 4.1 or 4.2 and 4.3.

5. Transferee(s)

5.1 If the transferee is a natural person, the person's

(a) family or principal name³:

(b) given or secondary name(s)³:

5.2 If the transferee is a legal entity, the entity's full official designation:

5.3 Address (including postal code and country):

Telephone number(s): Telefacsimile number(s): E-mail address:
(with the area code) (with the area code)

³ The names to be indicated under (a) and (b) are either the full names of the transferee or the names customarily used by the transferee.

-
- 5.4 Check this box if there is more than one transferee; in that case, list them on an additional sheet and indicate, in respect of each of them, the data referred to in items 5.1 or 5.2 and 5.3.
-

6. Signatures or Seals

6.1 Signature(s) or seal(s) of the transferor(s)

6.1.1 Name(s) of the natural person(s) who sign(s) or whose seal(s) is (are) used:

6.1.2 Date of signature(s) or of sealing(s):

6.1.3 Signature(s) or seal(s):

6.2 Signature(s) or seal(s) of the transferee(s)

6.2.1 Name(s) of the natural person(s) who sign(s) or whose seal(s) is (are) used:

6.2.2 Date of signature(s) or of sealing(s):

6.2.3 Signature(s) or seal(s):

7. Additional Sheets and Attachments

- Check this box if additional sheets and/or attachments are enclosed and indicate the total number of such sheets and/or attachments:
-

MODEL INTERNATIONAL FORM No. 6

TRANSFER DOCUMENT

in respect of registration(s) and/or
application(s) for registration of marks

submitted to the Office of

FOR OFFICE USE ONLY

1. Declaration of Transfer

The undersigned transferor(s) transfers (transfer) to the undersigned transferee(s) the ownership of the registration(s) and/or application(s) identified below.

2. Registration(s) and/or Application(s) Concerned

The present document concerns the transfer of the following registration(s) and/or application(s):

2.1 Registration number(s):

2.2 Application number(s)¹:

2.3 If the spaces under 2.1 or 2.2 are not sufficient, check this box and provide the information on an additional sheet.

¹ Where the application number of an application has not yet been issued or is not known to the transferor or its representative, that application may be identified by furnishing either: (i) the provisional application number, if any, given by the Office, or (ii) a copy of the application, or (iii) a representation of the mark, accompanied by an indication of the date on which, to the best knowledge of the transferor or its representative, the application was received by the Office and an identification number given to the application by the transferor or its representative.

3. Goods and/or Services Affected by the Transfer

3.1 Check this box where all the goods and/or services listed in the application(s) and/or registration(s) referred to in item 2 are affected by the transfer.

3.2 Check this box where item 2 mentions only one application or registration and where only some of the goods and/or services listed in that application or registration are affected by the transfer and indicate the goods and/or services that are affected by the transfer:

3.3 Check this box where item 2 mentions more than one application or registration and if in respect of at least one of them the transfer affects less than all the goods and/or services listed. In this case, indicate on an additional sheet, separately in respect of each application and/or registration, whether the transfer affects all the goods and/or services or only some of them. In respect of any application or registration where only some of the goods and/or services that are affected by the transfer, make the indication in the way specified in item 3.2.

4. Transferor(s)

4.1 If the transferor is a natural person, the person's

(a) family or principal name²:

(b) given or secondary name(s)²:

² The names to be indicated under (a) and (b) are those which were indicated in the application(s), or are recorded in respect of the registration(s), to which the present document relates.

4.2 If the transferor is a legal entity, the entity's full official designation:

4.3 Address (including postal code and country):

Telephone number(s):
(with the area code)

Telefacsimile number(s):
(with the area code)

E-mail address:

4.4 Check this box if there is more than one transferor; in that case, list them on an additional sheet and indicate, in respect of each of them, the data referred to in items 4.1 or 4.2 and 4.3.

5. Transferee(s)

5.1 If the transferee is a natural person, the person's

(a) family or principal name³:

(b) given or secondary name(s)³:

5.2 If the transferee is a legal entity, the entity's full official designation:

5.3 Address (including postal code and country):

Telephone number(s):
(with the area code)

Telefacsimile number(s):
(with the area code)

E-mail address:

³ The names to be indicated under (a) and (b) are either the full names of the transferee or the names customarily used by the transferee.

-
- 5.4 Check this box if there is more than one transferee; in that case, list them on an additional sheet and indicate, in respect of each of them, the data referred to in items 5.1 or 5.2 and 5.3.
-

6. Additional Indications (see the Annex to this Form (attached))

(the furnishing of any of those indications is optional for the purposes of recordal of the change in ownership)

- Check this box if the Annex is used.
-

7. Signatures or Seals

7.1 Signature(s) or seal(s) of the transferor(s)

7.1.1 Name(s) of the natural person(s) who sign(s) or whose seal(s) is (are) used:

7.1.2 Date of signature(s) or of sealing(s):

7.1.3 Signature(s) or seal(s):

7.2 Signature(s) or seal(s) of the transferee(s)

7.2.1 Name(s) of the natural person(s) who sign(s) or whose seal(s) is (are) used:

7.2.2 Date of signature(s) or of sealing(s):

7.2.3 Signature(s) or seal(s):

8. Additional Sheets, Attachments and Annex

Check this box if additional sheets and/or attachments are enclosed and indicate the total number of such sheets and/or attachments:

Check this box if an Annex is enclosed and indicate the number of the pages of the Annex and the number of any additional sheets to the Annex:

**Additional Indications Relating
to a Transfer Document (Item 6)**

A. Transfer of Goodwill or Business

- (a) Check this box where the transfer is made with the relevant goodwill or the business in respect of all the goods and/or services listed in the application(s) and/or registration(s) referred to in item 2 of the transfer document.
- (b) Check this box where item 2 of the transfer document mentions only one application or registration and where the transfer is made with the relevant goodwill or the business in respect of only some of the goods and/or services listed in that application or registration and indicate the goods and/or services in respect of which the transfer is made with the relevant goodwill or the business:
- (c) Check this box where item 2 of the transfer document mentions more than one application or registration and if in respect of at least one of them the transfer is made with the relevant goodwill or the business in respect of less than all the goods and/or services listed. In this case, indicate on an additional sheet, separately in respect of each application and/or registration, whether the transfer is made with the relevant goodwill or the business in respect of all the goods and/or services or only some of them. In respect of any application or registration where the transfer is made with the relevant goodwill or the business in respect of only some of the goods and/or services, make the indication in the way specified in item (b).

B. Transfer of Rights Resulting from Use

The rights, arising from the use of the mark, are transferred in respect of

- (a) all registration(s) and/or application(s).
- (b) only the following registration(s) and/or application(s):

C. Transfer of the Right to Sue

The transferee shall have the right to sue for past infringements.

D. Consideration

- (a) The transfer is effected in consideration for money received.
- (b) The transfer is effected in consideration for money received and other good and valuable consideration.
- (c) The transferor hereby acknowledges receipt of the above-mentioned consideration.

E. Effective Date of the Transfer

- (a) The transfer is effective as of the date of signature of the present transfer document.
- (b) The transfer is effective as of the following date:

MODEL INTERNATIONAL FORM No. 7

REQUEST FOR THE CORRECTION OF MISTAKE(S)

in registration(s) and/or application(s) for registration of marks

submitted to the Office of

FOR OFFICE USE ONLY

Reference number of holder and/or applicant ¹ :
Reference number of representative ¹ :

1. Request for Correction

The correction(s) identified in the present request is (are) hereby requested.

2. Registration(s) and/or Application(s) Concerned

The present request concerns the following registration(s) and/or application(s):

2.1 Registration number(s):

2.2 Application number(s)²:

¹ The reference number allotted by the holder and/or applicant and/or the reference number allotted by the representative to the present request may be indicated in this space.

² Where the application number of an application has not yet been issued or is not known to the applicant or its representative, that application may be identified by furnishing either: (i) the provisional application number, if any, given by the Office, or (ii) a copy of the application, or (iii) a representation of the mark, accompanied by an indication of the date on which, to the best knowledge of the applicant or its representative, the application was received by the Office and an identification number given to the application by the applicant or its representative.

-
- 2.3 If the spaces under 2.1 or 2.2 are not sufficient, check this box and provide the information on an additional sheet.
-

3. Holder(s) and/or Applicant(s)

- 3.1 If the holder and/or applicant is a natural person, the person's
- (a) family or principal name³:
 - (b) given or secondary name(s)³:
- 3.2 If the holder and/or applicant is a legal entity, the entity's full official designation:
- 3.3 Address (including postal code and country):

Telephone number(s): Telefacsimile number(s): E-mail address:
(with the area code) (with the area code)

- 3.4 Check this box if there is more than one holder and/or applicant; in that case, list them on an additional sheet and indicate, in respect of each of them, the data referred to in items 3.1 or 3.2 and 3.3.
-

4. Representative

- 4.1 Name:
- 4.2 Address (including postal code and country):

Telephone number(s): Telefacsimile number(s): E-mail address:
(with the area code) (with the area code)

³ The names to be indicated under (a) and (b) are those which were indicated in the application(s), or are recorded in respect of the registration(s), to which the present request relates.

4.3 Serial number of the power of attorney⁴:

5. Address for Service

6. Indication of Mistake(s) and Correction(s)

6.1 Data to be corrected:

Data as corrected:

6.2 Check this box if the above space is insufficient; in that case, indicate on an additional sheet the data to be corrected with the data as corrected.

7. Signature or Seal

7.1 Name of the natural person who signs or whose seal is used:

7.2 Check the appropriate box according to whether the signature is given, or the seal is used, by or on behalf of the

7.2.1 holder and/or applicant.

7.2.2 representative.

⁴ To be left blank if the power of attorney has not, or has not yet, been allotted a serial number or if the serial number is not yet known to the holder and/or applicant or the representative.

7.3 Date of signature or of sealing:

7.4 Signature or seal:

8. Fee

8.1 Currency and amount of the fee paid in connection with the present request for correction:

8.2 Method of payment:

9. Additional Sheets and Attachments

Check this box if additional sheets and/or attachments are enclosed and indicate the total number of such sheets and/or attachments:

MODEL INTERNATIONAL FORM No. 8

REQUEST FOR THE RENEWAL OF A REGISTRATION

submitted to the Office of

FOR OFFICE USE ONLY

Reference number of holder ¹ :
Reference number of representative ¹ :

1. Indication That a Renewal is Sought

The renewal of the registration identified in the present request is hereby requested.

2. Registration Concerned

2.1 Registration number:

2.2 Filing date of the application which resulted in the registration:

Registration date:

¹ The reference number allotted by the holder and/or the reference number allotted by the representative to the present request for renewal may be indicated in this space.

3. Holder(s)

3.1 If the holder is a natural person, the person's

(a) family or principal name²:

(b) given or secondary name(s)²:

3.2 If the holder is a legal entity, the entity's full official designation:

3.3 Address (including postal code and country):

Telephone number(s):
(with the area code)

Telefacsimile number(s):
(with the area code)

E-mail address:

3.4 Check this box if there is more than one holder; in that case, list them on an additional sheet and indicate, in respect of each of them, the data referred to in items 3.1 or 3.2 and 3.3.

4. Representative of the Holder

4.1 Name:

4.2 Address (including postal code and country):

Telephone number(s):
(with the area code)

Telefacsimile number(s):
(with the area code)

E-mail address:

4.3 Serial number of the power of attorney³:

² The names to be indicated under (a) and (b) are those which are recorded in respect of the registration to which the present request relates.

³ To be left blank if the power of attorney has not, or has not yet, been allotted a serial number or if the serial number is not yet known to the holder or the representative.

5. Address for Service of the Holder

6. Goods and/or Services⁴

- 6.1 Renewal is requested for all the goods and/or services covered by the registration.
- 6.2 Renewal is only requested for the following goods and/or services covered by the registration⁵:
- 6.3 Renewal is requested for all the goods and/or services covered by the registration except the following⁶:
- 6.4 Check this box if the above space is insufficient and use an additional sheet.
-

⁴ Check only one of boxes 6.1, 6.2 or 6.3.

⁵ The list of the goods and/or services for which renewal is requested must be presented in the same way as it appears in the registration (grouping according to the classes of the Nice Classification, starting with an indication of the number of the relevant class and, where the goods or services belong to more than one class, presentation in the order of the classes of that Classification).

⁶ The goods and/or services for which renewal is not requested must, where they belong to more than one class of the Nice Classification, be grouped according to the classes of that Classification, starting with an indication of the number of the relevant class and presented in the order of the classes of the said Classification.

7. Person, Other Than the Holder or the Representative of the Holder, who Files the Present Request for Renewal⁷

Check this box if the present request for renewal is filed by a person other than the holder or the representative of the holder.

7.1 If the person is a natural person, the person's

(a) family or principal name:

(b) given or secondary name(s):

7.2 If the person is a legal entity, the entity's full official designation:

7.3 Address (including postal code and country):

Telephone number(s):
(with the area code)

Telefacsimile number(s):
(with the area code)

E-mail address:

8. Signature or Seal

8.1 Name of the natural person who signs or whose seal is used:

8.2 Check the appropriate box according to whether the signature is given, or the seal is used, by or on behalf of the

8.2.1 holder.

⁷ A person other than the holder or the representative of the holder may file a request for renewal only where the Contracting Party concerned allows it. Consequently, the present item cannot be completed if the Contracting Party whose Office is the Office identified on the first page of the present request for renewal does not allow a request for renewal to be filed by a person other than the holder or the representative of the holder.

8.2.2 representative of the holder.

8.2.3 person referred to in item 7.

8.3 Date of signature or of sealing:

8.4. Signature or seal:

9. Fee

9.1 Currency and amount of the fee paid in connection with the present request for renewal:

9.2 Method of payment:

10. Additional Sheets and Attachments

Check this box if additional sheets and/or attachments are enclosed and indicate the total number of such sheets and/or attachments:

MODEL INTERNATIONAL FORM No. 9

REQUEST FOR
RECORDAL OF LICENSE

in respect of application(s) and/or registered mark(s),
submitted to the Office of

FOR OFFICE USE ONLY

Reference indication of holder/applicant and/or licensee ¹ :
Reference indication of representative of holder/applicant:
licensee ¹ :

1. Request

- The recordal of the fact that the registration(s) and/or application(s) mentioned in the present request is (are) the subject of a license is hereby requested.

¹ Any reference indication allotted by the holder/applicant and/or licensee and/or any reference indication allotted by any of the representatives to the present request may be given in this space.

2. Registration(s) and/or Application(s) Concerned

The present request concerns the following registration(s) and/or application(s):

2.1 Registration and/or application number(s):

2.2 If the space under item 2.1 is not sufficient, check this box and provide the information on an additional sheet.

3. Holder(s)/Applicant(s)

3.1 If the holder/applicant is a natural person, the person's

(a) family or principal name²:

(b) given or secondary name(s)²:

3.2 If the holder/applicant is a legal entity,

(a) the entity's full official designation:

(b) the legal nature of the legal entity:

(c) the State, and, where applicable, the territorial unit within that State, under the law of which the legal entity is organized:

3.3 Address (including postal code and country):

Telephone number(s)³:
(with the area code)

Telefacsimile numbers(s)³:
(with the area code)

E-mail address:

² The names to be indicated under (a) and (b) are those which appear in the records of the Office in respect of the holder/applicant of the registration(s)/application(s) to which the present request relates.

³ Even where the Office elects to request this information, the holder/applicant or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

-
- 3.4 Check this box if there is more than one holder/applicant; in that case, list the additional holders/applicants on a separate sheet and indicate, in respect of each of them, the data referred to in items 3.1 or 3.2 and 3.3.
-

4. Representative of Holder(s)/Applicant(s)

4.1 Name:

4.2 Address (including postal code and country):

Telephone number(s)⁴: Telefacsimile number(s)⁴: E-mail address:
(with the area code) (with the area code)

4.3 Registration number, if registered with the Office:

4.4 Number allotted to the power of attorney⁵:

5. Address for Service of Holder(s)/Applicant(s)⁶

6. Licensee

6.1 If the licensee is a natural person, the person's

(a) family or principal name:

⁴ Even where the Office elects to request this information, the holder/applicant or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

⁵ Leave blank if the power of attorney has not, or has not yet, been allotted a number or if the number is not known to the holder/applicant or the representative.

⁶ According to Article 4(2)(b), an address for service must be indicated in the space available under the title of item 5 where the holder/applicant does not have, or has not indicated, a domicile or a real and effective industrial or commercial establishment on the territory of the Contracting Party whose Office is the Office named on the first page of the present request, except where a representative is indicated in item 4.

(b) given or secondary name(s):

6.2 If the licensee is a legal entity,

(a) the entity's full official designation:

(b) the legal nature of the legal entity

(c) the State, and, where applicable, the territorial unit within that State, under the law of which the legal entity is organized:

6.3 Address (including postal code and country):

Telephone number(s)⁷: Telefacsimile numbers(s)⁷: E-mail address:
(with the area code) (with the area code)

6.4 State of nationality of the licensee:

6.5 State of domicile of the licensee:

6.6 State of real and effective industrial or commercial establishment of the licensee:

6.7 Check this box if there is more than one licensee; in that case, list each additional licensee on a separate sheet and indicate, in respect of each of them, the data referred to in items 6.1 to 6.6.

7. Representative of Licensee

7.1 Name:

7.2 Address (including postal code and country):

⁷ Even where the Office elects to request this information, the licensee or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

Telephone number(s)⁸: Telefacsimile number(s)⁸: E-mail address:
(with the area code) (with the area code)

7.3 Registration number, if registered with the Office:

7.4 Number allotted to the power of attorney⁹:

8. Address for Service of Licensee¹⁰

9. Goods and/or Services for Which the License Is Granted¹¹

- 9.1 The license is granted for all the goods and/or services listed in the registration(s) and/or application(s) referred to in item 2.
- 9.2 Only one registration and/or application is mentioned in item 2 and the license is only granted for some of the goods and/or services listed in that registration or application. The following goods and/or services are covered by the license:
- 9.3 More than one registration and/or application is mentioned in item 2, and in respect of at least one of them, the license covers less than all the goods and/or services listed. In this case, indicate on an additional sheet, separately in respect of each registration and/or applications, whether the license covers all the goods and/or services or only some of them.

⁸ Even where the Office elects to request this information, the licensee or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

⁹ Leave blank if the power of attorney has not, or has not yet, been allotted a number or if the number is not known to the licensee or its representative.

¹⁰ According to Article 4(2)(b), an address for service must be indicated in the space available under the title of item 8 where the licensee does not have, or has not indicated, a domicile or a real and effective industrial or commercial establishment on the territory of the Contracting Party whose Office is the Office named on the first page of the present request, except where a representative is indicated in item 7.

¹¹ Check the appropriate boxes.

10. Kind of License¹¹

- 10.1 The license is an exclusive license.
- 10.2 The license is a sole license.
- 10.3 The license is a non-exclusive license.
- 10.4 The license concerns only the following part of the territory covered by the registration:
-

11. Time Duration of the License

- 11.1 The license is limited in time and granted
fromto
- 11.1.1 The license is subject to automatic extension.
- 11.2 The license is granted for an unlimited duration.
-

12. Signature or Seal¹²

- 12.1 Name of the natural person who signs or whose seal is used:
- 12.2 Check the appropriate box according to whether the signature is given, or the seal is used, by or on behalf of the
- 12.2.1 holder and/or applicant.
- 12.2.2 licensee.
- 12.2.3 representative.
- 12.3 Date of signature or of sealing:
-

¹¹ Check the appropriate boxes.

¹² If there is more than one person signing or whose seal is used, all of the indications under sub-items 12.1 to 12.4 should be given on an additional sheet.

12.4 Signature or seal:

13. Fee

13.1 Currency and amount of the fee paid in connection with the present request:

13.2 Method of payment:

14. Additional Sheets

Check this box if additional sheets are enclosed and indicate the total number of such sheets:

MODEL INTERNATIONAL FORM No. 10

STATEMENT OF LICENSE

in respect of application(s) and/or registered mark(s),
submitted to the Office of

FOR OFFICE USE ONLY

Reference indication of holder/applicant and/or licensee ¹ :
Reference indication of representative of holder/applicant:..... licensee ¹ :

1. Statement

The holder(s)/applicant(s) and licensee(s) hereby state that the registration(s) and/or application(s) identified below is (are) the subject of a license.

¹ Any reference indication allotted by the holder/applicant and/or licensee and/or any reference indication allotted by any of the representatives to the present request may be given in this space.

2. Registration(s) and/or Application(s) Concerned

The present statement concerns the following registration(s) and/or application(s):

2.1 Registration and/or application number(s):

2.2 If the space under item 2.1 is not sufficient, check this box and provide the information on an additional sheet.

3. Holder(s)/Applicant(s)

3.1 If the holder/applicant is a natural person, the person's

(a) family or principal name²:

(b) given or secondary name(s)²:

3.2 If the holder/applicant is a legal entity,

(a) the entity's full official designation:

(b) the legal nature of the legal entity:

(c) the State, and, where applicable, the territorial unit within that State, under the law of which the legal entity is organized:

3.3 Address (including postal code and country):

Telephone number(s)³: Telefacsimile number(s)³: E-mail address:
(with the area code) (with the area code)

3.4 Check this box if there is more than one holder/applicant; in that case, list the additional holders/applicants on a separate sheet and indicate, in respect of each of them, the data referred to in items 3.1 or 3.2 and 3.3.

² The names to be indicated under (a) and (b) are those which appear in the records of the Office in respect of the holder/applicant of the registration(s)/application(s) to which the present request relates.

³ Even where the Office elects to request this information, the holder/applicant or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

4. Representative of Holder(s)/Applicant(s)

4.1 Name:

4.2 Address (including postal code and country):

Telephone number(s)⁴: Telefacsimile number(s)⁴: E-mail address:
(with the area code) (with the area code)

4.3 Registration number, if registered with the Office:

4.4 Number allotted to the power of attorney:

5. Licensee

5.1 If the licensee is a natural person, the person's

(a) family or principal name:

(b) given or secondary name(s):

5.2 If the licensee is a legal entity,

(a) the entity's full official designation:

(b) the legal nature of the legal entity:

(c) the State, and, where applicable, the territorial unit within that State, under the law of which the legal entity is organized:

5.3 Address (including postal code and country):

⁴ Even where the Office elects to request this information, the holder/applicant or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

Telephone number(s)⁵: Telefacsimile number(s)⁵: E-mail address:
(with the area code) (with the area code)

5.4 State of nationality of the licensee:

5.5 State of domicile of the licensee:

5.6 State of real and effective industrial or commercial establishment of the licensee:

5.7 Check this box if there is more than one licensee; in that case, list each additional licensee on a separate sheet and indicate, in respect of each of them, the data referred to in items 5.1 to 5.6.

6. Representative of Licensee

6.1 Name:

6.2 Address (including postal code and country):

Telephone number(s)⁶: Telefacsimile number(s)⁶: E-mail address:
(with the area code) (with the area code)

6.3 Registration number, if registered with the Office:

6.4 Number allotted to the power of attorney⁷:

⁵ Even where the Office elects to request this information, the licensee or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

⁶ Even where the Office elects to request this information, the licensee or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

⁷ Leave blank if the power of attorney has not, or has not yet, been allotted a number or if the number is not known to the licensee or the representative.

7. Goods and/or Services for Which the License Is Granted⁸

- 7.1 The license is granted for all the goods and/or services listed in the registration(s) and/or application(s) referred to in item 2.
- 7.2 Only one registration or application is mentioned in item 2 and the license is only granted for some of the goods and/or services listed in that registration or application. The following goods and/or services are covered by the license:
- 7.3 More than one registration and/or application is mentioned in item 2, and in respect of at least one of them, the license covers less than all the goods and/or services listed. In this case, indicate on an additional sheet, separately in respect of each registration and/or applications, whether the license covers all the goods and/or services or only some of them.
-

8. Kind of License⁸

- 8.1 The license is an exclusive license.
- 8.2 The license is a sole license.
- 8.3 The license is a non-exclusive license.
- 8.4 The license concerns only the following part of the territory covered by the registration:
-

9. Time Period of License⁸

- 9.1 The license is limited in time and granted
fromto
- 9.1.1 The license is subject to automatic extension.
- 9.2 The license is granted for an unlimited time.
-

⁸ Check the appropriate boxes.

10. Signatures or Seals⁹

10.1 Signature(s) or seal(s) of the holder(s)/applicant(s):

10.1.1 Name of the holder/applicant or, if the holder/applicant is a legal entity, name of the person who acts on behalf of the holder/applicant

10.1.2 Date of signature or of sealing:

10.1.3 Signature or seal:

10.2 Signature(s) or seal(s) of the licensee(s):

10.2.1 Name of the licensee or, if the licensee is a legal entity, name of the person who acts on behalf of the licensee:

10.2.2 Date of signature or of sealing:

10.2.3 Signature or seal:

10.3 Signature or seal of the representative of the holder(s)/applicant(s):

10.3.1 Name of the natural person who signs or whose seal is used:

10.3.2 Date of signature or of sealing:

10.3.3 Signature or seal:

10.4 Signature or seal of the representative of the licensee(s):

10.4.1 Name of the natural person who signs or whose seal is used:

10.4.2 Date of signature or of sealing:

⁹ If there is more than one person signing or whose seal is used, all of the indications under sub-items 10.1 to 10.4 should be given on an additional sheet.

10.4.3 Signature or seal:

11. Additional Sheets

Check this box if additional sheets are enclosed and indicate the total number of such sheets:

MODEL INTERNATIONAL FORM No. 11

STATEMENT OF AMENDMENT OF LICENSE

in respect of application(s) and/or registered mark(s),
submitted to the Office of

FOR OFFICE USE ONLY

Reference indication of holder/applicant and/or licensee ¹ :
Reference indication of representative of holder/applicant:..... licensee ¹ :

1. Statement

The holder(s)/applicant(s) and licensee(s) hereby state that the registration(s) and/or application(s) identified below is (are) the subject of an amendment of license.

¹ Any reference indication allotted by the holder/applicant and/or licensee and/or any reference indication allotted by any of the representatives to the present request may be given in this space.

2. Registration(s) and/or Application(s) Concerned

The present statement concerns the following registration(s) and/or application(s):

2.1 Registration and/or application number(s):

2.2 If the space under item 2.1 is not sufficient, check this box and provide the information on an additional sheet.

3. Holder(s)/Applicant(s)

3.1 If the holder/applicant is a natural person, the person's

- (a) family or principal name²:
- (b) given or secondary name(s)²:

3.2 If the holder/applicant is a legal entity,

- (a) the entity's full official designation:
- (b) the legal nature of the legal entity:
- (c) the State, and, where applicable, the territorial unit within that State, under the law of which the legal entity is organized:

3.3 Address (including postal code and country):

Telephone number(s)³: Telefacsimile number(s)³: E-mail address:
(with the area code) (with the area code)

3.4 Check this box if there is more than one holder/applicant; in that case, list the additional holders/applicants on a separate sheet and indicate, in respect of each of them, the data referred to in items 3.1 or 3.2 and 3.3.

² The names to be indicated under (a) and (b) are those which appear in the records of the Office in respect of the holder/applicant of the registration(s)/application(s) to which the present request relates.

³ Even where the Office elects to request this information, the holder/applicant or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

4. Representative of Holder(s)/Applicant(s)

4.1 Name:

4.2 Address (including postal code and country):

Telephone number(s)⁴: Telefacsimile number(s)⁴: E-mail address:
(with the area code) (with the area code)

4.3 Registration number, if registered with the Office:

4.4 Number allotted to the power of attorney:

5. Licensee

5.1 If the licensee is a natural person, the person's

(a) family or principal name:

(b) given or secondary name(s):

5.2 If the licensee is a legal entity,

(a) the entity's full official designation:

(b) the legal nature of the legal entity:

(c) the State, and, where applicable, the territorial unit within that State, under the law of which the legal entity is organized:

5.3 Address (including postal code and country):

⁴ Even where the Office elects to request this information, the holder/applicant or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

Telephone number(s)⁵: Telefacsimile number(s)⁵: E-mail address:
(with the area code) (with the area code)

5.4 State of nationality of the licensee:

5.5 State of domicile of the licensee:

5.6 State of real and effective industrial or commercial establishment of the licensee:

5.7 Check this box if there is more than one licensee; in that case, list each additional licensee on a separate sheet and indicate, in respect of each of them, the data referred to in items 5.1 to 5.6.

6. Representative of Licensee

6.1 Name:

6.2 Address (including postal code and country):

Telephone number(s)⁶: Telefacsimile number(s)⁶: E-mail address:
(with the area code) (with the area code)

6.3 Registration number, if registered with the Office:

6.4 Number allotted to the power of attorney⁷:

⁵ Even where the Office elects to request this information, the licensee or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

⁶ Even where the Office elects to request this information, the licensee or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

⁷ Leave blank if the power of attorney has not, or has not yet, been allotted a number or if the number is not known to the licensee or the representative.

7. Goods and/or Services for Which the License Is Amended

The nature and scope of the amendment is indicated on a separate sheet.

8. Kind of Amended License⁸

- 8.1 The amended license is an exclusive license.
- 8.2 The amended license is a sole license.
- 8.3 The amended license is a non-exclusive license.
- 8.4 The amended license concerns only the following part of the territory covered by the registration:
-

9. Time Period of License⁸

- 9.1 The amended license is limited in time and granted
fromto
- 9.1.1 The amended license is subject to automatic extension.
- 9.2 The amended license is granted for an unlimited time.
-

10. Signatures or Seals⁹

- 10.1 Signature(s) or seal(s) of the holder(s)/applicant(s):
- 10.1.1 Name of the holder/applicant or, if the holder/applicant is a legal entity, name of the person who acts on behalf of the holder/applicant
- 10.1.2 Date of signature or of sealing:
- 10.1.3 Signature or seal:
-

⁸ Check the appropriate boxes.

⁹ If there is more than one person signing or whose seal is used, all of the indications under sub-items 10.1 to 10.4 should be given on an additional sheet.

10.2 Signature(s) or seal(s) of the licensee(s):

10.2.1 Name of the licensee or, if the licensee is a legal entity, name of the person who acts on behalf of the licensee:

10.2.2 Date of signature or of sealing:

10.2.3 Signature or seal:

10.3 Signature or seal of the representative of the holder(s)/applicant(s):

10.3.1 Name of the natural person who signs or whose seal is used:

10.3.2 Date of signature or of sealing:

10.3.3 Signature or seal:

10.4 Signature or seal of the representative of the licensee(s):

10.4.1 Name of the natural person who signs or whose seal is used:

10.4.2 Date of signature or of sealing:

10.4.3 Signature or seal:

11. Additional Sheets

Check this box if additional sheets are enclosed and indicate the total number of such sheets:

MODEL INTERNATIONAL FORM No. 12

STATEMENT OF CANCELLATION OF LICENSE

in respect of application(s) and/or registered mark(s),
submitted to the Office of

FOR OFFICE USE ONLY

Reference indication of holder/applicant and/or licensee ¹ :
Reference indication of representative of holder/applicant:
licensee ¹ :

1. Statement

The holder(s)/applicant(s) and licensee(s) hereby state that the registration(s) and/or application(s) identified below is (are) the subject of a cancellation of license.

¹ Any reference indication allotted by the holder/applicant and/or licensee and/or any reference indication allotted by any of the representatives to the present request may be given in this space.

2. Registration(s) and/or Application(s) Concerned

The present statement concerns the following registration(s) and/or application(s):

2.1 Registration and/or application number(s):

2.2 If the space under item 2.1 is not sufficient, check this box and provide the information on an additional sheet.

3. Holder(s)/Applicant(s)

3.1 If the holder/applicant is a natural person, the person's

(a) family or principal name²:

(b) given or secondary name(s)²:

3.2 If the holder/applicant is a legal entity,

(a) the entity's full official designation:

(b) the legal nature of the legal entity:

(c) the State, and, where applicable, the territorial unit within that State, under the law of which the legal entity is organized:

3.3 Address (including postal code and country):

Telephone number(s)³:
(with the area code)

Telefacsimile number(s)³:
(with the area code)

E-mail address:

3.4 Check this box if there is more than one holder/applicant; in that case, list the additional holders/applicants on a separate sheet and indicate, in respect of each of them, the data referred to in items 3.1 or 3.2 and 3.3.

² The names to be indicated under (a) and (b) are those which appear in the records of the Office in respect of the holder/applicant of the registration(s)/application(s) to which the present request relates.

³ Even where the Office elects to request this information, the holder/applicant or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

4. Representative of Holder(s)/Applicant(s)

4.1 Name:

4.2 Address (including postal code and country):

Telephone number(s)⁴: Telefacsimile number(s)⁴: E-mail address:
(with the area code) (with the area code)

4.3 Registration number, if registered with the Office:

4.4 Number allotted to the power of attorney:

5. Licensee

5.1 If the licensee is a natural person, the person's

(a) family or principal name:

(b) given or secondary name(s):

5.2 If the licensee is a legal entity,

(a) the entity's full official designation:

(b) the legal nature of the legal entity:

(c) the State, and, where applicable, the territorial unit within that State, under the law of which the legal entity is organized:

5.3 Address (including postal code and country):

⁴ Even where the Office elects to request this information, the holder/applicant or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

Telephone number(s)⁵: Telefacsimile number(s)⁵: E-mail address:
(with the area code) (with the area code)

5.4 State of nationality of the licensee:

5.5 State of domicile of the licensee:

5.6 State of real and effective industrial or commercial establishment of the licensee:

5.7 Check this box if there is more than one licensee; in that case, list each additional licensee on a separate sheet and indicate, in respect of each of them, the data referred to in items 5.1 to 5.6.

6. Representative of Licensee

6.1 Name:

6.2 Address (including postal code and country):

Telephone number(s)⁶: Telefacsimile number(s)⁶: E-mail address:
(with the area code) (with the area code)

6.3 Registration number, if registered with the Office:

6.4 Number allotted to the power of attorney⁷:

⁵ Even where the Office elects to request this information, the licensee or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

⁶ Even where the Office elects to request this information, the licensee or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

⁷ Leave blank if the power of attorney has not, or has not yet, been allotted a number or if the number is not known to the licensee or the representative.

7. Goods and/or Services for Which the License Is Cancelled

The nature and scope of the cancellation is indicated on a separate sheet.

8. Signatures or Seals⁸

8.1 Signature(s) or seal(s) of the holder(s)/applicant(s):

8.1.1 Name of the holder/applicant or, if the holder/applicant is a legal entity, name of the person who acts on behalf of the holder/applicant

8.1.2 Date of signature or of sealing:

8.1.3 Signature or seal:

8.2 Signature(s) or seal(s) of the licensee(s):

8.2.1 Name of the licensee or, if the licensee is a legal entity, name of the person who acts on behalf of the licensee:

8.2.2 Date of signature or of sealing:

8.2.3 Signature or seal:

8.3 Signature or seal of the representative of the holder(s)/applicant(s):

8.3.1 Name of the natural person who signs or whose seal is used:

8.3.2 Date of signature or of sealing:

8.3.3 Signature or seal:

8.4 Signature or seal of the representative of the licensee(s):

8.4.1 Name of the natural person who signs or whose seal is used:

⁸ If there is more than one person signing or whose seal is used, all of the indications under sub-items 8.1 to 8.4 should be given on an additional sheet.

8.4.2 Date of signature or of sealing:

8.4.3 Signature or seal:

9. Additional Sheets

Check this box if additional sheets are enclosed and indicate the total number of such sheets:
