

ORGOffice of the Registrar General



APPLICATION FORM FOR AMENDMENT TO GRANTED UTILITY MODEL

THE INTELLECTUAL PROPERTY LAW N° 31/2009 of 26/10/2009 ARTICLE 77

I. Application (Please cross out what this application is for. Registration number is required and you need to fill in ONLY the required sections depending on the category of amendment)

□Change of particulars □Licence contract □Removal □Ex officio decision	Registration number:
II. Applicant information(Please cross□Natural person	s out the type of applicant and fill in the required information accordingly) Organization
ID document (ID card or passport):	Company code/Enterprise code:
ID document number:	OR
	Registration number:
Country:	
First name:	Registered Name:
	<u> </u>
Middle name:	
Last name:	
	dress if Organization/ Foreigners fill in only Phone-Email-Country-Province/City)
Phone:	Sector:
Email:	Cell:
Country:	Street name and house number:
Province:	
	P. O. Box:
District:	
Representative of applicant	
ID document (ID card or passport): Fi	irst Name:
ID document number: Mi	iddle Name:
Country: La	sst Name:

 ${\bf Address} \ \ ({\tt Foreigners \ fill \ in \ only \ Phone-Email-Country-Province/City})$

Phone:	Sector:
Email:	Cell:
Country:	Street name and house number:
Province:	
	P. O. Box:
District:	

<u>Instructions to the applicant:</u>
<u>Please fill in ONLY the data that is to be amended.</u>

III. Former owner information

(Please cross out the type of owner and fill in the required information accordingly if it is different from the applicant. If owners are more than one, please add new page)

□Natural person	□ Organization
ID document (ID card or passport):	Company code/Enterprise code:
ID document number:	OR
	Registration number:
Country:	
	Registered Name:
First name:	Registered (value)
Middle name:	
Last name:	
Address (Residence address if Person OR Head office address if Organization/ Foreigne	
Phone:	Sector:
Email:	C.11.
	Cell:
Country:	Street name and house number:
	Street name and nouse number:
Province:	
	P. O. Box:
District:	F. O. BOX.
Representative of former owner	
ID document (ID card or passport): First Name:	
ID document number: Middle Name:	
Country: Last Name:	
Address (Residence address if Person OR Head office address if Organization/Foreigne	ers fill in only Phone-Email-Country-Province/City)
Phone:	Sector:
Email:	Cell:
Country:	Street name and house number:
Province:	
Division	P. O. Box:
District:	

IV. Current owner information □ Current owner is the applicant (Please cross out if owner is the same as the applicant) (Please cross out the type of owner and fill in the required information accordingly if it is different from the applicant. If owners are more than one, please add new page) **□Natural person** \Box Organization ID document (ID card or passport): Company code/Enterprise code: ID document number: OR Registration number: Country: Registered Name: First name: Middle name: Last name: Address (Residence address if Person OR Head office address if Organization/ Foreigners fill in only Phone-Email-Country-Province/City) Phone: Sector: Email: Cell: Country: Street name and house number: Province: P. O. Box: District: Representative of current owner ID document (ID card or passport): First Name: ID document number: Middle Name: Last Name: Country: Address (Residence address if Person OR Head office address if Organization/ Foreigners fill in only Phone-Email-Country-Province/City) Phone: Sector: Email: Cell: Country: Street name and house number: Province:

District:

P. O. Box:

IV. Agent information (Please cross out the type of agent and fill in the required information accordingly) **□Natural person □Organization** ID document (ID card or passport): Company code/Enterprise code: ID document number: OR Registration number: Country: Registered Name: First name: Middle name: Last name: Address (Residence address if Person OR Head office address if Organization/ Foreigners fill in only Phone-Email-Country-Province/City) Phone: Sector: Email: Cell: Country: Street name and house number: Province: P. O. Box: District: Representative of agent ID document (ID card or passport): First Name: ID document number: Middle Name: Country: Last Name: Address (Foreigners fill in only Phone-Email-Country-Province/City) Phone: Sector: Email: Cell: Country: Street name and house number: Province: P. O. Box: District:

V. Licence information

Licensee

 \Box Licensee is the applicant (Please cross out if licensee is the same as the applicant)

(Please cross out the type of licensee and fill in the required information accordingly if it is different from the applicant. If licensees are more than one, please add new page)

□Natural person	□Organization
ID document (ID card or passport):	Company code/Enterprise code:
	Company code Emergrise code:
ID document number:	OR
	Registration number:
Country:	
	D. C. LIN
First name:	Registered Name:
Middle name:	
Tool name:	
Last name:	
Address (Residence address if Person OR Head office address if Organization/ Foreign	ers fill in only Phone-Email-Country-Province/City)
Phone:	Sector:
Email:	Cell:
Country:	Street name and house number:
Province:	
District.	P. O. Box:
District:	
Representative of licensee	
-	
ID document (ID card or passport): First Name:	
ID document number: Middle Name:	
Wilder Valle.	
Country: Last Name:	
Phone:	Sector:
Email:	Cell:
Country:	Street name and house number:
Province:	
	P. O. Box:
District:	

Content of the License contract:
Licence contract date:
[
VI. Attachments
☐Agreement of transfer of ownership
□Licence Contract
□Fee payment receipt slip
□Copy of ID document
□Power of attorney
□Certificate of registration
□Other;
Certification and signatures
I/we hereby give my/our consent to:
□ Owner
Date: Licensee Signature(In capital letters)
(in capital tellers)
I hereby certify that the information given to the best of my knowledge is true, complete and all signatures in the attachments are made by the persons stated. I also understand that any false declaration may lead to prosecution.
Date: Applicant's Signature: