



APPLICATION FORM FOR CHANGE OF OWNERSHIP OF MARK

THE INTELLECTUAL PROPERTY LAW N° 31/2009 OF 26/10/2009
ARTICLE 154

*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)*

Registration number:																				
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Instructions to the applicant:
Please fill in ONLY the data that is to be amended.

II. Description

Short description of the mark:

III. Mark information

Does the mark contain a word or words without any particular form or presentation	<input type="checkbox"/> (yes)																						
Is colour claimed as an element of the mark	<input type="checkbox"/> (yes)																						
If “yes” state which colour(s):.....																							
Is the application for registration of a three-dimensional mark <i>(ensure that the representation illustrates it clearly)</i>	<input type="checkbox"/> (yes)																						
Is the registration for a collective mark <i>copy of the regulations for its use in accordance with the law)</i>	<input type="checkbox"/> (yes) <i>(provide a</i>																						
List of Goods and/or Services for which the mark is to be registered:																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Descriptions:</th> <th style="width: 50%;">Classes as by the Nice classification:</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table>	Descriptions:	Classes as by the Nice classification:																					
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Address (Residence address if Person OR Head office address if Organization)

Phone: <input style="width: 100%; height: 20px;" type="text"/> Email: <input style="width: 100%; height: 20px;" type="text"/> Country: <input style="width: 100%; height: 20px;" type="text"/> Province: <input style="width: 100%; height: 20px;" type="text"/> District: <input style="width: 100%; height: 20px;" type="text"/>	Sector: <input style="width: 100%; height: 20px;" type="text"/> Cell: <input style="width: 100%; height: 20px;" type="text"/> Street name and house number: <input style="width: 100%; height: 20px;" type="text"/> P. O. Box: <input style="width: 100%; height: 20px;" type="text"/>
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Representative of current owner

ID document (ID card or passport): <input style="width: 100%; height: 20px;" type="text"/> ID document number: <input style="width: 100%; height: 20px;" type="text"/> Country: <input style="width: 100%; height: 20px;" type="text"/>	First Name: <input style="width: 100%; height: 20px;" type="text"/> Middle Name: <input style="width: 100%; height: 20px;" type="text"/> Last Name: <input style="width: 100%; height: 20px;" type="text"/>
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Address

Phone: <input style="width: 100%; height: 20px;" type="text"/> Email: <input style="width: 100%; height: 20px;" type="text"/> Country: <input style="width: 100%; height: 20px;" type="text"/> Province: <input style="width: 100%; height: 20px;" type="text"/> District: <input style="width: 100%; height: 20px;" type="text"/>	Sector: <input style="width: 100%; height: 20px;" type="text"/> Cell: <input style="width: 100%; height: 20px;" type="text"/> Street name and house number: <input style="width: 100%; height: 20px;" type="text"/> P. O. Box: <input style="width: 100%; height: 20px;" type="text"/>
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VI. 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): <input style="width: 100%; height: 20px;" type="text"/> ID document number: <input style="width: 100%; height: 20px;" type="text"/> Country: <input style="width: 100%; height: 20px;" type="text"/> First name: <input style="width: 100%; height: 20px;" type="text"/> Middle name: <input style="width: 100%; height: 20px;" type="text"/> Last name: <input style="width: 100%; height: 20px;" type="text"/>
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Company code/Enterprise code: <input style="width: 100%; height: 20px;" type="text"/> OR Registration number: <input style="width: 100%; height: 20px;" type="text"/> Registered Name: <input style="width: 100%; height: 40px;" type="text"/>
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Address (Residence address if Person OR Head office address if Organization)

Phone: <input type="text"/>	Sector: <input type="text"/>
Email: <input type="text"/>	Cell: <input type="text"/>
Country: <input type="text"/>	Street name and house number: <input type="text"/>
Province: <input type="text"/>	P. O. Box: <input type="text"/>
District: <input type="text"/>	

Representative of agent

ID document (ID card or passport): <input type="text"/>	First Name: <input type="text"/>
ID document number: <input type="text"/>	Middle Name: <input type="text"/>
Country: <input type="text"/>	Last Name: <input type="text"/>

Address

Phone: <input type="text"/>	Sector: <input type="text"/>
Email: <input type="text"/>	Cell: <input type="text"/>
Country: <input type="text"/>	Street name and house number: <input type="text"/>
Province: <input type="text"/>	P. O. Box: <input type="text"/>
District: <input type="text"/>	

VII. Current Applicant information

(Please cross out the type of owner and fill in the required information accordingly if it is different from the current owner)

Natural person

Organization

ID document (ID card or passport): <input type="text"/>
ID document number: <input type="text"/>
Country: <input type="text"/>
First name: <input type="text"/>
Middle name: <input type="text"/>
Last name: <input type="text"/>

Company code/Enterprise code: <input type="text"/>
OR Registration number: <input type="text"/>
Registered Name: <input type="text"/>

Address (Residence address if Person OR Head office address if Organization)

Phone: <input type="text"/>	Sector: <input type="text"/>
Email: <input type="text"/>	Cell: <input type="text"/>
Country: <input type="text"/>	Street name and house number: <input type="text"/>
Province: <input type="text"/>	P. O. Box: <input type="text"/>
District: <input type="text"/>	

Representative of current applicant

ID document (ID card or passport): <input type="text"/>	First Name: <input type="text"/>
ID document number: <input type="text"/>	Middle Name: <input type="text"/>
Country: <input type="text"/>	Last Name: <input type="text"/>

Address

Phone: <input type="text"/>	Sector: <input type="text"/>
Email: <input type="text"/>	Cell: <input type="text"/>
Country: <input type="text"/>	Street name and house number: <input type="text"/>
Province: <input type="text"/>	P. O. Box: <input type="text"/>
District: <input type="text"/>	

VIII. Attachments

<input type="checkbox"/> Agreement on transfer of ownership
<input type="checkbox"/> Fee payment receipt slip
<input type="checkbox"/> Copy of ID document
<input type="checkbox"/> Power of attorney
<input type="checkbox"/> Certificate of registration
<input type="checkbox"/> Other;
.....
.....

Certification and signatures

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: