



APPLICATION FORM FOR AMENDMENT TO TRADE NAME

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)*

<input type="checkbox"/> Change of particulars <input type="checkbox"/> Licence contract <input type="checkbox"/> Removal <input type="checkbox"/> Ex officio decision	Registration number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

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

II. Description

Short description of the Trade name:

III. Trade name information

Does the Trade name contain a word or words without any particular form or presentation	<input type="checkbox"/> (yes)
Is colour claimed as an element of the Trade name	<input type="checkbox"/> (yes)
If “yes” state which colour(s):.....	
Is the application for registration of a three-dimensional Trade name <i>(ensure that the representation illustrates it clearly)</i>	<input type="checkbox"/> (yes)
Is the registration for a collective Trade name <i>(provide a copy of the regulations for its use in accordance with the law)</i>	<input type="checkbox"/> (yes)
List of Goods and/or Services for which the Trade name is to be registered:	
Descriptions:	Classes as by the Nice classification:

VII. Licence information

Licensee

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):
<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"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Address (Residence address if Person OR Head office address if Organization/ Foreigners fill in only Phone-Email-Country-Province/City)

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 licensee

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 (Foreigners fill in only Phone-Email-Country-Province/City)

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"/>		

Content of the License contract:

.....
.....
.....

Licence contract date:

(date/month/year)

VIII. Attachments

- Agreement on 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)

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: