

**MINISTRY OF FOREIGN AFFAIRS, REGIONAL INTEGRATION AND INTERNATIONAL TRADE**

**THE INDUSTRIAL PROPERTY OFFICE OF MAURITIUS**

THE INDUSTRIAL PROPERTY ACT 2019

*(regulation 125 (2))*

|  |  |
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| **FORM IP 5****REQUEST FOR COPIES/EXTRACTS/PRIORITY**  | **For Official Use**Date of Receipt: …………………….C.B. No.: ………………………...Amount: .…………………………… |
| 1. NATURE OF REQUEST
 |
| *Tick as applicable*  Patent  Utility Model  Layout Design  Plant Varieties  Industrial Design   Mark  Geographical Indication |
| 2.DETAILS OF IP RIGHT |
| Title/Mark Name: ……………………………………………………………………………………………………………………………………………………………………………..Application No. (*where applicable*): ………………………………………………………….Filing Date: ……………………………………………………………………………….….Registration No.: …………………………………………………………………………….*Note: Please use the* *continuation sheet\* if necessary.* |
| 3. DETAILS OF REQUEST |
| *Tick as applicable* certified copy/extract of the registration uncertified copy/extract of the registration certified copy/extract of the application *(To be used as priority documents)*  | Indicate Number of copies:  |
| 4. APPLICANT (*person making the request*) |
| Name: ……………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………..……………………………………………………………………………Address: …………………………..……………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………. |
| 5. AGENT(*if any*) |
| Name: ……………………………………………………………………………………………....................………………………………………………………………………………………………………………….………………………………………………………………………………………………………………….Address: ………………………………………………………………………..................................................…………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………..Tel. No.: ………………… Fax No……………… Email: …………………………............ |
| 6. ADDRESS FOR SERVICE (*if applicable*) |
| *Note: Full name and address in Mauritius to which copy/copies is/are to be sent*Name: ……………………………………………………………………………………………....................................………………………………………………………………………………………………………………………………Address: ………………………………………………………………………..................................................................…………………………………………………………………………………………………………………....................………………………………………………………………………………………………………………………………Tel. No.: ……………………Fax No.: ……………………Email: ……………………….*………………………………….**…………………………………………………………………………………………………………….* |
| 7.CONTINUATION SHEET\* (at annex) |
| Additional information is contained in continuation sheet: Yes  No  |
| 8. DECLARATION |
|  \* I/We request for the document(s) which is ticked in paragraph 3 be sent to the name and address mentioned above.Date: …………………………………... Signature: …………………………………………… \*(Applicant/ Agent)***\*****Delete whichever is not applicable.* |

**Continuation Sheet Annex**

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| **Title/Mark Name** | **Application No.** | **Filing Date** | **Registration No.** |
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