

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

**THE INDUSTRIAL PROPERTY OFFICE OF MAURITIUS**

THE INDUSTRIAL PROPERTY ACT 2019

*(Regulation 119)*

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| **FORM IP 4**  **APPLICATION FOR THE RECORDAL OF A CHANGE IN OWNERSHIP/CHANGE OF ADDRESS** | **For Official Use**  Date of Receipt: …………………….  C.B. No.: .……………………………  Amount: .……………………………  Doc i.d.: …………………………….. |
| 1. NATURE OF REQUEST | |
| *Tick as applicable*  Patent  Utility Model  Layout Design  Plant Varieties  Industrial Design  Mark | |
| 1. DETAILS OF IP RIGHT | |
| Title/Mark Name: ……………………………………………………………………………  Application No. (*where applicable*): ………………………………………………………….  Filing Date: ……………………………………………………………………………….….  Registration No.: …………………………………………………………………………….  *Note: Please use the* *continuation sheet\* if necessary.* | |
| 3. CHANGES TO BE MADE | |
| *Tick as applicable*  Change of Name  Change of Address  Change of Name & Address  Change/Transfer in Ownership  Assignment  Merger  Change in Legal Form/Status  Other (*Specify*)………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………… | |
| 4. SUPPORTING DOCUMENTS | |
| *(Note: Give details of supporting documents evidencing the change)*  ……………………………………………………………………………………………………………………………………………………………..  …………………………………………………………………………………………………………………………………………………………….. | |
| 5. APPLICANT/OWNER | |
| Full name of recorded applicant/owner: …………………………………………………………………..  …………………………..………………………………………………………………………………………  ……………………………………..……………………………………………………………………………  Address: ………………………………………………………………………..................................................  …………………………………………………………………………………………………………………...  ……………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………… | |
| 6. DETAILS OF NEW OWNER | |
| Name: ………………………………………………………………………………………………………….  …………………………..………………………………………………………………………………………  ……………………………………..……………………………………………………………………………  Address: ………………………………………………………………………..................................................  …………………………………………………………………………………………………………………...  ……………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………… | |
| 7. CHANGE OF ADDRESS | |
| *Note:* ***Fill in this section where the request is made for a change of address only***  Previous address: ………………………………………………………………………………………………….  …………………………..……………………………………………………………………………………………  ……………………………………..…………………………………………………………………………………  ………………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………………..  New address: …………………………………………………………………........................................................  …………………………………………………………………………………………………………………..........  ………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………  …………………………………………………………………………………………………… | |
| 8. AGENT (*if any*) | |
| Name: ……………………………………………………………………………………………....................  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  Address: ………………………………………………………………………..................................................  …………………………………………………………………………………………………………………...  …………………………………………………………………………………………………………………...  Tel. No.: ……………………Fax No……………………Email: …………………………... | |
| 9. ADDRESS FOR SERVICE (*if applicable*) | |
| *Note: Full name and address in Mauritius to which the certificate is to be sent*  Name: ……………………………………………………………………………………………....................................  ………………………………………………………………………………………………………………………………  Address: ………………………………………………………………………..................................................................  …………………………………………………………………………………………………………………....................  ………………………………………………………………………………………………………………………………  Tel. No.: ……………………Fax No.: ……………………Email: ……………………… | |
| 10. CONTINUATION SHEET\* (at annex) | |
| Additional information is contained in continuation sheet: Yes  No | |
| 11. DECLARATION | |
| By Applicant  I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge.  By Agent  I, the undersigned, do hereby declare that the information furnished above on behalf of the applicant is true to the best of my knowledge.  Date: ……………………………..Signature ………………………………………  \*(Applicant/ Agent)  \*Use this sheet for any additional information to be furnished  \*\*Delete whichever is not applicable  No. of extra sheets attached to this form: sheet(s) | |

**Continuation Sheet Annex**

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