

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

**THE INDUSTRIAL PROPERTY OFFICE OF MAURITIUS**

THE INDUSTRIAL PROPERTY ACT 2019

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| **FORM IP 3****REQUEST FOR AMENDMENT OR WITHDRAWAL OF APPLICATION OR** **LIMITATION OF REGISTRATION** | **For Official Use**Date of Receipt: …………………….Receipt No.: .………………………..Amount: .……………………………Doc i.d.: …………………………….. |
| 1. **NATURE OF REQUEST**
 |
| *Tick as applicable*  Mark  Utility Model  Industrial Design  Plant Varieties  Geographical Indication  Patent |
| **2**.**DETAILS OF IP RIGHT** |
| Title/Mark Name: ……………………………………………………………………………Application No.: …………………………………………………………………………….Filing Date: ……………………………………………………………………………….…. |
| **3.APPLICANT** |
| Name: ……………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………..……………………………………………………………………………Address: ………………………………………………………………………..................................................…………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………...Tel. No: .……………………… Fax No:…………………………..Email: ……………………………………………………………………………… |
| **4**. **AGENT** (*if any*) |
| Name: ……………………………………………………………………………………………....................………………………………………………………………………………………………………………….………………………………………………………………………………………………………………….Address: ………………………………………………………………………..................................................…………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………...Tel. No.: ……………………Fax No……………………Email: …………………………... |
| 1. **ADDRESS FOR SERVICE (*if applicable)***
 |
| *Note: Full name and address in Mauritius to which correspondence is to be sent*Name: …………………………………………………………………………………………………………………………………………………………………………………………………………Address: …………………………………………………………………………………………………………………………………………………………………………………………………………Tel. No.: ……………………Fax No.: ……………………Email: …………………………… |
| **6**. **TRADEMARKS & INDUSTRIAL DESIGNS ONLY** |
| *(check as appropriate)* Withdrawal Limitation Amendment |
| **7.DETAILS OF LIMITATION/AMENDMENT** |
| *if the space is insufficient use a separate sheet)*………………………………………………………………………………………………………………………………………………………………………………………………………………………..........………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **8. DECLARATION** |
| By Applicant I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge.By AgentI, 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)\*Delete whichever is not applicable |
| No. of extra sheets attached to this form:  sheet(s) |