

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

**THE INDUSTRIAL PROPERTY OFFICE OF MAURITIUS**

THE INDUSTRIAL PROPERTY ACT 2019

*(Regulation 84)*

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| **FORM TM 4**  **APPLICATION TO RENEW REGISTRATION OF A MARK** | **For Official Use**  Date of Receipt: ……………………  C.B. No.: .……………………….  Amount: .……………………………  Doc i.d.: …………………………….. |
| 1. **MARK DETAILS** | |
| Mark: ………………………………………………………………………………………..  Registration number and date: ………………………………………………………………  Application number (*optional*)… …………………………………………………………… | |
| 1. **NAME & ADDRESS OF REGISTERED OWNER/S** | |
| Name:……………………………………………………………………………………………....................……………………………………………………………………………………………………………………………  Address:…………………………………………………………………………………………....................…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | |
| 1. **CLASS/ES AND GOODS/SERVICES** | |
| List of Class/es (*to be renewed*):……………………………………………………………  Total number of classes (*to be renewed*): .………………………………………………………  Renewal is requested for all the goods and/or services covered by the registration.  Renewal is only requested for the following goods and/or services covered by the registration-  …………………………………………………………………………………………………  ………………………………………………………………………………………………….  Renewal is requested for all the goods and/or services covered by the registration except:  ……………………………………………………………………………………………………  ……………………………………………………………………………………………………  *(if the above space is insufficient use a separate sheet)* | |
| 1. **DUE DATE OF RENEWAL/ FEES** | |
| State the Due Date of Renewal: (*DD/MM/YYYY*) ………………………………………………  Application for renewal (*Before the due date of renewal*)  Application for **late** renewal (*Within 6 months after the due date of renewal*)  Fees to be paid (including surcharge, if applicable): …………………………………………… | |
| 1. **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 the certificate of renewal is to be sent*  Name: ……………………………………………………………………………………………....................................  ………………………………………………………………………………………………………………………………  Address: ………………………………………………………………………..................................................................  …………………………………………………………………………………………………………………....................  ………………………………………………………………………………………………………………………………  Tel. No.: ……………………Fax No.: ……………………  Email: …………………………………………………….. | |
| 1. **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)  \*Delete whichever is not applicable | |
| No. of extra sheets attached to this form:  sheet(s) | |