Printable Forms

• Application Form for registration of a mark
• Application to renew registration of a mark
• Declaration for withdrawal of application
• Application for the recordal of changes
• Request for a copy/certified copy
APPLICATION FOR REGISTRATION OF A MARK

To: The Controller
Industrial Property Office
Ministry of Foreign Affairs, Regional Integration and International Trade
Port Louis

Please submit this Form together with the fee as specified in the First Schedule of the Patents, Industrial Designs and Trademarks Act 2002

Applicant’s or Agent’s File reference: ..............................................

1. Representation of the Mark

2. If the mark is not a word or a picture indicate here (for example 3-dimensional)

Indicate Title/Correct Identification of the mark

..............................................................................................................
3. CLAIM

If colour is claimed, indicate here and state the colour(s):

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

4. International Classification of the Figurative Elements of Marks

5. TYPES OF MARKS

Indicate if this application is for:

   a) a trademark
   b) a service mark
   c) a collective mark*

6. Priority Claim (if any)

The priority of an earlier application is claimed as follows:
Country (if the earlier application is a regional or international application, indicate the office with which it is filed)

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

Filing date: ...................... Application Number: .........................................................

The priority of more than one earlier application is claimed: Yes ☐ No ☐
The data are indicated in the supplemental box**

The certified copy of the earlier application is enclosed:

Yes ☐ No ☐

If No, it will be furnished by ......................................................... (date)
7. **Limitation/Disclaimer**

Indicate any limitation or disclaimer .................................................................
...........................................................................................................................
...........................................................................................................................
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8. **APPLICANT(S)** *(the data concerning each applicant must appear in this box or, if the space is insufficient, in the supplemental box** – at annex.)*

<table>
<thead>
<tr>
<th>FULL NAME OF EACH APPLICANT (underline surnames)</th>
<th>ADDRESS/TELEPHONE/ FAX/E-MAIL</th>
<th>NATIONALITY</th>
<th>RESIDENCE</th>
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If the applicant is a corporate body, give country and, if applicable, State of incorporation
9. **Specification of Goods/Services** *(according to the Nice classification)*

If the space provided for the specification of goods/services is insufficient then please continue on separate sheets. List the classes in consecutive numerical order and list alongside each class the goods or services appropriate to that class.

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<th>Class number</th>
<th>List of goods/services</th>
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10. **AGENT**

Name of agent *(if you have one)* .................................................................

“Address for service” in Mauritius to which all correspondence should be sent
................................................................................................................................................
................................................................................................................................................

Name and telephone number of person to contact in Mauritius
................................................................................................................................................
................................................................................................................................................

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

11.

Date: ..........................  Signature ..............................................

*** (Applicant/Agent)
APPLICATION TO RENEW REGISTRATION OF A MARK

To: The Controller
   The Industrial Property Office
   Ministry of Foreign Affairs, Regional Integration and International Trade
   Port Louis

1. *I/We............................................................................................................................................................................
   of ....................................................................................................................................................................................
   hereby apply for renewal of the registration of Mark/Collective Mark No............................................................
   registered in Class/es ....................................................................................................................................................
   which I am directed by the registered proprietor of the mark to apply*.

2. The prescribed fee for renewal of registration is enclosed herewith.

Date: ........................................................................................................Signature..............................................................

____________________________________________________________________________

The following statement must be filled in and signed

The Controller is requested to send certificate of renewal of the registration to *me/the registered proprietor at the following address:

Name: .................................................................................................................................................................

Address: ..............................................................................................................................................................

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

Date: ........................................................................................................Signature..............................................................

*Delete whichever is not applicable
Trademark:
Class/es:
List of goods/services:
DECLARATION FOR WITHDRAWAL OF APPLICATION

To: The Controller
The Industrial Property Office
Ministry of Foreign Affairs, Regional Integration & International Trade
Port Louis

1. *I/We
………………………………………………………………………………………………………………………………………………
of ………………………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………………………
hereby request the Controller to withdraw *my/our Application No: ………………………….dated
…………………………………………………………………………………………………………………………………………
for the registration of a *mark/ collective mark mentioned therein.

2. *My/Our address for service in Mauritius is as follows:
………………………………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………………………

3. Name and address of *my/our *Agent/Attorney:
………………………………………………………………………………………………………………………………………………
…………………………………………………………………………………………………………………………………………

Signature: ……………………………….. Date: ……………………………..
*(Applicant/Agent)

* Delete whichever is not applicable.
Application for the recordal of a Change of Ownership – MARK/COLLECTIVE MARK

The Controller
Industrial Property Office
11th Floor, Sterling House
Lislet Geoffroy Street
Port Louis

I/WE ................................................................................................................................................
acting on behalf of: ................................................................................................................................

in accordance with the provisions of Section 47 of the Patents, Industrial Designs & Trademarks Act 2002, hereby apply for the recordal of the following in respect of an application for registration or the registration of marks/collective marks, as per verso:

(i) Change of Address
From:
..................................................................................................................................................

To:
..................................................................................................................................................

(ii) Change of Name of Applicant/Registrant
From:
..................................................................................................................................................

To:
..................................................................................................................................................

(iii) Assignment/Merger/Agreement
From:
..................................................................................................................................................

To:
..................................................................................................................................................

The following supporting documents are enclosed:
..................................................................................................................................................

Signature: ................................. Date: .................................
*(Applicant/Agent)

* Delete whichever is not applicable.
<table>
<thead>
<tr>
<th>Mark/Collective Mark</th>
<th>Application Number</th>
<th>Registration Number</th>
<th>Date</th>
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REQUEST FOR A COPY/CERTIFIED COPY

To: The Controller
   Industrial Property Office
   Ministry of Foreign Affairs, Regional Integration and International Trade
   11th Floor, Sterling House
   Lislet Geoffroy Street
   Port Louis

1. Details of entries on the Register/Documents
   Reference Number: ...........................................
   Registration Number: ...........................................

2. Number of copies requested: □

3. Full Name and Address of the person to whom the copies should be sent

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

Signature: ........................................... Date: ...........................................

FOR OFFICIAL USE

Amount paid: Rs ..........................
CB No........................................
No. of copies issued:......................