



MINISTRY OF FOREIGN AFFAIRS, REGIONAL INTEGRATION AND INTERNATIONAL TRADE  
THE INDUSTRIAL PROPERTY OFFICE OF MAURITIUS

THE INDUSTRIAL PROPERTY ACT 2019  
(Regulation 119)

|   |   |
|---|---|
| <p><b>FORM IP 4</b></p> <p><b>APPLICATION FOR THE RECORDAL OF A<br/>CHANGE IN OWNERSHIP/CHANGE OF<br/>ADDRESS</b></p>   | <p><b>For Official Use</b></p> <p>Date of Receipt: .....</p> <p>C.B. No.: .....</p> <p>Amount: .....</p> <p>Doc i.d.: .....</p> |
| <p><b>1. NATURE OF REQUEST</b></p>  |   |
| <p><i>Tick as applicable</i></p> <p> <input type="checkbox"/> Patent         <input type="checkbox"/> Utility Model         <input type="checkbox"/> Layout Design<br/> <input type="checkbox"/> Plant Varieties         <input type="checkbox"/> Industrial Design         <input type="checkbox"/> Mark       </p>  |   |
| <p><b>2. DETAILS OF IP RIGHT</b></p>  |   |
| <p>Title/Mark Name: .....</p> <p>Application No. (<i>where applicable</i>): .....</p> <p>Filing Date: .....</p> <p>Registration No.: .....</p> <p><i>Note: Please use the continuation sheet* if necessary.</i></p>   |   |
| <p><b>3. CHANGES TO BE MADE</b></p>   |   |
| <p><i>Tick as applicable</i></p> <p> <input type="checkbox"/> Change of Name         <input type="checkbox"/> Change of Address         <input type="checkbox"/> Change of Name &amp; Address<br/> <input type="checkbox"/> Change/Transfer in Ownership<br/> <input type="checkbox"/> Assignment         <input type="checkbox"/> Merger         <input type="checkbox"/> Change in Legal Form/Status<br/> <input type="checkbox"/> Other (<i>Specify</i>).....<br/>         .....<br/>         .....       </p> |   |
| <p><b>4. SUPPORTING DOCUMENTS</b></p>   |   |
| <p>(<i>Note: Give details of supporting documents evidencing the change</i>)</p> <p>.....</p> <p>.....</p>  |   |

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)

