

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

 **THE INDUSTRIAL PROPERTY OFFICE OF MAURITIUS**

THE INDUSTRIAL PROPERTY ACT 2019

|  |  |
| --- | --- |
| **FORM IP 6****NOTICE OF OPPOSITION** | For Official UseDate of Receipt: …………………………C. B. No: .......................………………Amount:….……………………………… |
| Applicant’s or Agent’s File reference:…………………………………………… |

|  |
| --- |
| 1.**NATURE OF REQUEST** |
| Tick as applicable Patent  Utility Model  Mark  Geographical Indication |
| **2**.**DETAILS OF IP RIGHT** |
| Title/Mark Name: ……………………………………………………………………………………………………………………………………………………………………………..Application No. (where applicable): …………………………………………………………. |
| **3.NAME AND ADDRESS OF OPPONENT** |
| Name: ……………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………….Address: ………………………………..................................................................................………………………………………………………………………………………………..……………………………………………………………………………………………….Tel No.: ……………………………Fax No.:……………………………..Email……………………………………………………………………… |
| **4.AGENT (if any)** |
| Name:………………………………………………………………………………………………………………………………………………………………………………………………...Address:……………………………………………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………..Tel. No.:………………………Fax No………………………Email:………………………………………………………… |
| **5.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: …………………………… |
| Grounds of opposition accompany this Form.  |
| **6.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 |