



MINISTRY OF FOREIGN AFFAIRS, REGIONAL INTEGRATION AND INTERNATIONAL TRADE

THE INDUSTRIAL PROPERTY OFFICE OF MAURITIUS

THE INDUSTRIAL PROPERTY ACT 2019

(Regulation 84)

<p>FORM TM 4</p> <p>APPLICATION TO RENEW REGISTRATION OF A MARK</p>	<p>For Official Use</p> <p>Date of Receipt:</p> <p>C.B. No.:</p> <p>Amount:</p> <p>Doc i.d.:</p>
1. MARK DETAILS	
<p>Mark:</p> <p>Registration number and date:</p> <p>Application number (<i>optional</i>)... ..</p>	
2. NAME & ADDRESS OF REGISTERED OWNER/S	
<p>Name:.....</p> <p>.....</p> <p>Address:.....</p> <p>.....</p> <p>.....</p>	
3. CLASS/ES AND GOODS/SERVICES	
<p>List of Class/es (<i>to be renewed</i>):.....</p> <p>Total number of classes (<i>to be renewed</i>):</p> <p><input type="checkbox"/> Renewal is requested for all the goods and/or services covered by the registration.</p> <p><input type="checkbox"/> Renewal is only requested for the following goods and/or services covered by the registration-</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> Renewal is requested for all the goods and/or services covered by the registration except:</p> <p>.....</p> <p>.....</p> <p>(if the above space is insufficient use a separate sheet)</p>	

4. 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):

5. AGENT (if any)

Name:

.....

Address:

.....

Tel. No.:..... Fax No:.....

Email:.....

6. 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:

7. 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)