FORM IP 7

REQUEST TO CANCEL REGISTRATION
OF
PLANT VARIETIES/MARKS/GEOGRAPHICAL INDICATIONS

1. NATURE OF REQUEST

Tick as applicable

- Plant Varieties
- Mark
- Geographical Indication

2. DETAILS OF IP RIGHT

Title/Mark Name: ……………………………………………………………………………………..

Application No.: ………………………………………………………………………………………

Filing Date: …………………………………………………………………………………………………

3. PARTICULARS OF APPLICANT

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: ……………………

### 6. CANCELLATION DETAILS-PLANT VARIETIES & GEOGRAPHICAL INDICATIONS

………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………

### 7. CANCELLATION DETAILS FOR TRADEMARKS ONLY

**Goods and Services (check as appropriate)**

Total Cancellation ……………………

*(The cancellation is to be recorded for all goods and services)*

Partial Cancellation ……………………

*(The cancellation affects only some of the goods and services)*
8. DETAILS OF PARTIAL CANCELLATION

(if the space is insufficient use a separate sheet)

Class/es to be fully cancelled: ………………………………………………………………………………….
…………………………………………………………………………………………………………………………
Class/es to be partially cancelled:

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<th>Class No.</th>
<th>Goods/Services to Remain</th>
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9. 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)