REQUEST TO TRANSFORM INTERNATIONAL REGISTRATION INTO NATIONAL REGISTRATION

1. DETAILS OF INTERNATIONAL REGISTRATION

Representation of mark

International registration no. .................................................................

International registration date ............................................................

Date of subsequent designation (where applicable) ....................................

Date of cancellation of International registration ......................................

2. MARK TYPE

Please indicate whether the application is for* –

<table>
<thead>
<tr>
<th>Type</th>
<th>Mark Type</th>
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<tbody>
<tr>
<td>Trade mark</td>
<td>☐</td>
</tr>
<tr>
<td>Service mark</td>
<td>☐</td>
</tr>
<tr>
<td>3-dimensional mark</td>
<td>☐</td>
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<tr>
<td>Collective mark</td>
<td>☐</td>
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<tr>
<td>Certification mark</td>
<td>☐</td>
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<td>Other (please specify)</td>
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3. SPECIFICATION OF GOODS/SERVICES**

<table>
<thead>
<tr>
<th>Class no.</th>
<th>List of goods/services</th>
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4. PRIORITY DETAILS *(if any)*

Country .................................................................
Application no. ............................................................
Date ..............................................................................
Class number(s) for which priority is claimed ..........................

5. PARTICULARS OF APPLICANT FOR REGISTRATION

Name ...........................................................................
..............................................................................
Address ..........................................................................
..............................................................................
..............................................................................

6. AGENT *(if any)*

Name ..........................................................................
Address ..........................................................................
..............................................................................
Telephone no. ................................ Fax no. ......................
Email address ..................................................................
7. DECLARATION

By person filing the form

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 –

(a) I have been duly authorised to act as an agent on behalf of the applicant;
(b) the information furnished above is true to the best of my knowledge.

........................................
Name of applicant/agent***

....................................
Signature

...................................
Date

* Tick as appropriate

** Please use a separate sheet if necessary

*** Delete as appropriate

___________________________