



MINISTRY OF FOREIGN AFFAIRS, REGIONAL INTEGRATION AND INTERNATIONAL TRADE

THE INDUSTRIAL PROPERTY OFFICE OF MAURITIUS

THE INDUSTRIAL PROPERTY ACT 2019

(regulation 125 (2))

<p>FORM IP 5</p> <p>REQUEST FOR</p> <p>COPIES/EXTRACTS/PRIORITY</p>	<p>For Official Use</p> <p>Date of Receipt:</p> <p>C.B. No.:</p> <p>Amount:</p>
<p>1. NATURE OF REQUEST</p> <p><i>Tick as applicable</i></p> <p><input type="checkbox"/> Patent <input type="checkbox"/> Utility Model <input type="checkbox"/> Layout Design</p> <p><input type="checkbox"/> Plant Varieties <input type="checkbox"/> Industrial Design</p> <p><input type="checkbox"/> Mark <input type="checkbox"/> Geographical Indication</p>	
<p>2. DETAILS OF IP RIGHT</p> <p>Title/Mark Name:</p> <p>.....</p> <p>Application No. (where applicable):</p> <p>Filing Date:</p> <p>Registration No.:</p> <p><i>Note: Please use the continuation sheet* if necessary.</i></p>	
<p>3. DETAILS OF REQUEST</p> <p><i>Tick as applicable</i></p> <p><input type="checkbox"/> certified copy/extract of the registration</p> <p><input type="checkbox"/> uncertified copy/extract of the registration</p> <p><input type="checkbox"/> certified copy/extract of the application <i>(To be used as priority documents)</i></p>	<p>Indicate Number of copies: <input type="text"/></p>

4. APPLICANT (*person making the request*)

Name:

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Address:

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5. AGENT(*if any*)

Name:

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Address:

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

6. ADDRESS FOR SERVICE (*if applicable*)

Note: Full name and address in Mauritius to which copy/copies is/are to be sent

Name:

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Address:

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Tel. No.: Fax No.: Email:

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7. CONTINUATION SHEET* (at annex)

Additional information is contained in continuation sheet: Yes No

8. DECLARATION

* I/We request for the document(s) which is ticked in paragraph 3 be sent to the name and address mentioned above.

Date: Signature:
*(Applicant/ Agent)

**Delete whichever is not applicable.*

