



MINISTRY OF FOREIGN AFFAIRS, REGIONAL INTEGRATION AND INTERNATIONAL TRADE
THE INDUSTRIAL PROPERTY OFFICE OF MAURITIUS

THE INDUSTRIAL PROPERTY ACT 2019
(Regulation 74)

FORM TM 1 APPLICATION TO REGISTER A MARK, COLLECTIVE MARK OR CERTIFICATION MARK	For Official Use Date of Receipt: C. B. No: Application No.: MU/M/..... Amount:.....
	Applicant's or Agent's File reference:
1. REPRESENTATION OF MARK	
<i>Notes</i> a. Please ensure that all the elements in the mark are clear and legible and the size of the mark shall not exceed 8 x 8 cm b. If your application is for a shape, please ensure that the shape is properly defined by providing all the relevant views depicting the shape.	
2. IDENTIFICATION OF THE MARK	
<i>Note: If the mark also contains or consists of a device, give a description of the device in words.</i>	

3. APPLICATION TYPE

Note: If you are applying for a collective or certification mark, please submit a copy of the agreement governing the use of the mark

Indicate if this application is for:

- Trade Mark/Service Mark
- 3-Dimensional Mark
- Collective Mark
- Certification Mark
- Other (*Please specify*)

4. PARTICULARS OF APPLICANT(S)

*Note: The data concerning each applicant must appear in this box or, if the space is insufficient, in the continuation sheet**

Name:

.....

.....

.....

Address:

.....

.....

.....

Nationality:

Country of Residence or Principal Place of Business:

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

Email:

5. COLOR/S CLAIMED, IF APPLICABLE

Color or combination of colors claimed:.....

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6. DISCLAIMER/LIMITATION

Note: Indicate disclaimer (giving up) the right to the exclusive use of any part of the mark, or limitation of the rights that you are claiming under the mark.

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7. NON-ENGLISH WORDS AND NON-ROMAN CHARACTERS, IF APPLICABLE

Note: If the mark contains or consists of a word or words in non-Roman characters or in a language other than English language or the national language, please provide a transliteration and/or translation as appropriate.

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Check this box if the words contained in the mark have no meaning and cannot be translated.

8. AGENT (if any)

Name:.....

.....

Address:.....

.....

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

Email:.....

9. 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:

10. PRIORITY CLAIM (if any)

The priority of an earlier application is claimed as follows:

Country (if the earlier application is a regional or international application, indicate the office with which it is filed):

Filing date: Application Number:

If the earlier filing does not relate to all the goods and services listed in item 10 of this form, indicate in the space provided below the goods and services to which it relates:

.....

.....

The priority of more than one earlier application is claimed:

The data are indicated in the continuation sheet * Yes No

The certified copy of the earlier application is enclosed: Yes No

or will be furnished by (date)

11. SPECIFICATION OF GOODS/SERVICES

Note: Please use a separate sheet if necessary.

Class Number

List of Goods/Services

<u>Class Number</u>	<u>List of Goods/Services</u>

12. CONTINUATION SHEET*

Additional information is contained in continuation sheet:

Yes

No

13. 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)

*Use this sheet for any additional information to be furnished

**Delete whichever is not applicable

CONTINUATION SHEET