



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

THE INDUSTRIAL PROPERTY ACT 2019
(Regulation 80)

<p style="text-align: center;">FORM TM 2</p> <p style="text-align: center;">REQUEST TO DIVIDE AN APPLICATION FOR THE REGISTRATION OF A MARK</p>	<p style="text-align: center;">For Official Use</p> <p>Date of Receipt:.....</p> <p>CB No:</p> <p>Application No.:</p> <p>Amount:</p>
<p>1. MARK DETAILS</p>	
<p>Mark:</p> <p>Application No.:</p> <p>Filing Date:</p> <p>List of Class/es No</p>	
<p>2. PARTICULARS OF APPLICANT</p>	
<p>Name:</p> <p>.....</p> <p>Address:</p> <p>.....</p> <p>.....</p>	
<p>3. AGENT (if any)</p>	
<p>Name:</p> <p>.....</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Tel. No.: Fax No:</p> <p>Email:</p>	

4. NUMBER OF DIVISIONAL APPLICATIONS

Indicate the number of divisional applications in this request:

5. DETAILS OF SPECIFICATION TO BE DIVIDED

List the class number(s) and the goods or services appropriate to that class. If the space is insufficient, use a separate sheet.

Divisional Application 1 (Class No.) <input type="text"/>	Specification of goods and/or services:
Divisional Application 2 (Class No.) <input type="text"/>	Specification of goods and/or services:
Divisional Application 3 (Class No.) <input type="text"/>	Specification of goods and/or services:

DETAILS OF SPECIFICATION TO REMAIN

List the class number(s) and the goods or services appropriate to that class. If the space is insufficient, use a separate sheet.

Class No. <input type="text"/>	Specification of goods and/or services:
Class No. <input type="text"/>	Specification of goods and/or services:
Class No. <input type="text"/>	Specification of goods and/or services:

6. 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:

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)

*Use this sheet for any additional information to be furnished

**Delete whichever is not applicable

No. of extra sheets attached to this form: sheet(s)