



# APPLICATION FORM FOR CHANGE OF OWNERSHIP OF TRADE NAME

**THE INTELLECTUAL PROPERTY LAW N° 31/2009 OF 26/10/2009**  
**ARTICLE 154**

*I. Application (Please cross out what this application is for. Registration number is required and you need to fill in **ONLY** the required sections depending on the category of amendment)*

Registration number:																				
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**Instructions to the applicant:**  
**Please fill in ONLY the data that is to be amended.**

*II. Description*

Short description of the Trade name:

*III. Trade name information*

Does the Trade name contain a word or words without any particular form or presentation	<input type="checkbox"/> (yes)																		
Is colour claimed as an element of the Trade name	<input type="checkbox"/> (yes)																		
If “yes” state which colour(s):.....																			
Is the application for registration of a three-dimensional Trade name <i>(ensure that the representation illustrates it clearly)</i>	<input type="checkbox"/> (yes)																		
Is the registration for a collective Trade name <i>(provide a copy of the regulations for its use in accordance with the law)</i>	<input type="checkbox"/> (yes)																		
List of Goods and/or Services for which the Trade name is to be registered:																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Descriptions:</th> <th style="width: 50%;">Classes as by the Nice classification:</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table>	Descriptions:	Classes as by the Nice classification:																	
Descriptions:	Classes as by the Nice classification:																		

**IV. Former Applicant or Owner information**

Please mark for one of:

**Owner**    **Applicant**

**Natural person**

**Organization**

ID document (ID card or passport):
<input type="text"/>
ID document number:
<input type="text"/>
Country:
<input type="text"/>
First name:
<input type="text"/>
Middle name:
<input type="text"/>
Last name:
<input type="text"/>

Company code/Enterprise code:
<input type="text"/>
OR
Registration number:
<input type="text"/>
Registered Name:
<input type="text"/>
<input type="text"/>
<input type="text"/>

**Address** (Residence address if Person OR Head office address if Organization)

Phone:	<input type="text"/>	Sector:	<input type="text"/>
Email:	<input type="text"/>	Cell:	<input type="text"/>
Country:	<input type="text"/>	Street name and house number:	<input type="text"/>
Province:	<input type="text"/>	P. O. Box:	<input type="text"/>
District:	<input type="text"/>		

**V. Current Owner information**

*(Please cross out the type of current owner and fill in the required information accordingly if it is different from the applicant. If owners are more than one, please add new page)*

**Natural person**

**Organization**

ID document (ID card or passport):
<input type="text"/>
ID document number:
<input type="text"/>
Country:
<input type="text"/>
First name:
<input type="text"/>
Middle name:
<input type="text"/>
Last name:
<input type="text"/>

Company code/Enterprise code:
<input type="text"/>
OR
Registration number:
<input type="text"/>
Registered Name:
<input type="text"/>
<input type="text"/>
<input type="text"/>

**Address** (Residence address if Person OR Head office address if Organization)

Phone: <input type="text"/> Email: <input type="text"/> Country: <input type="text"/> Province: <input type="text"/> District: <input type="text"/>	Sector: <input type="text"/> Cell: <input type="text"/> Street name and house number: <input type="text"/> P. O. Box: <input type="text"/>
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**Representative of current owner**

ID document (ID card or passport): <input type="text"/> ID document number: <input type="text"/> Country: <input type="text"/>	First Name: <input type="text"/> Middle Name: <input type="text"/> Last Name: <input type="text"/>
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**Address**

Phone: <input type="text"/> Email: <input type="text"/> Country: <input type="text"/> Province: <input type="text"/> District: <input type="text"/>	Sector: <input type="text"/> Cell: <input type="text"/> Street name and house number: <input type="text"/> P. O. Box: <input type="text"/>
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**VI. Agent information** (Please cross out the type of agent and fill in the required information accordingly)

**Natural person**

**Organization**

ID document (ID card or passport): <input type="text"/> ID document number: <input type="text"/> Country: <input type="text"/> First name: <input type="text"/> Middle name: <input type="text"/> Last name: <input type="text"/>
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Company code/Enterprise code: <input type="text"/> OR Registration number: <input type="text"/> Registered Name: <input type="text"/> <input type="text"/> <input type="text"/>
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**Address** (Residence address if Person OR Head office address if Organization)

Phone: <input type="text"/>	Sector: <input type="text"/>
Email: <input type="text"/>	Cell: <input type="text"/>
Country: <input type="text"/>	Street name and house number: <input type="text"/>
Province: <input type="text"/>	P. O. Box: <input type="text"/>
District: <input type="text"/>	

**Representative of agent**

ID document (ID card or passport): <input type="text"/>	First Name: <input type="text"/>
ID document number: <input type="text"/>	Middle Name: <input type="text"/>
Country: <input type="text"/>	Last Name: <input type="text"/>

**Address**

Phone: <input type="text"/>	Sector: <input type="text"/>
Email: <input type="text"/>	Cell: <input type="text"/>
Country: <input type="text"/>	Street name and house number: <input type="text"/>
Province: <input type="text"/>	P. O. Box: <input type="text"/>
District: <input type="text"/>	

***VII. Current Applicant information***

*(Please cross out the type of owner and fill in the required information accordingly if it is different from the current owner)*

**Natural person**

**Organization**

ID document (ID card or passport): <input type="text"/>
ID document number: <input type="text"/>
Country: <input type="text"/>
First name: <input type="text"/>
Middle name: <input type="text"/>
Last name: <input type="text"/>

Company code/Enterprise code: <input type="text"/>
OR Registration number: <input type="text"/>
Registered Name: <input type="text"/>



***IX. Attachments***

- Agreement on transfer of ownership
- Fee payment receipt slip
- Copy of ID document
- Power of attorney
- Certificate of registration
- Other; .....
- .....
- .....

***Certification and signatures***

I hereby certify that the information given to the best of my knowledge is true, complete and all signatures in the attachments are made by the persons stated. I also understand that any false declaration may lead to prosecution.

Date: ..... Applicant's Signature: .....