## TRADE MARKS ACT

Request for the Recordal or Change() in Name(s) or Address(es)

In respect of registration(s) and/or Application(s) for registration Of mark(s)

For Office use only

			Reference number of holder and/or applicant		
			Reference number of representative:*		
1.	Request for Recordal				
	The re	cordal o	f the change(s) indicated in the present request is hereby requested.		
2.	Regist	Registration(s) and/or Application(s) Concerned			
	The present request concerns the following registration(s) and/or application(s):				
	2.1	Regist	ration number(s):		
	2.2	Applic	cation number(s):		
	2.3		If the spaces under 2.1 or 2.2 are not sufficient, check this box and provide the information on an additional sheet.		

<sup>\*</sup> The reference number allotted by the holder and/or applicant and/or the reference number allotted by the representative to the present request may be indicated in this space.

<sup>†</sup> Where the application number of an application has not yet been issued or is not known to the applicant or his representative, that application may be identified by furnishing either: (i) the provisional application number, if any, given by the office, or (ii) a copy of the application, or (iii) a reproduction of the mark, accompanied by an indication of the date on which to the best knowledge of the applicant or his representative, the applicant or his representative.

## FORM TM-No. 15, Page 2

3.	Hold	Holder(s) and/or Applicant (s)							
	3.1	If the holder and/or applicant is a natural po	erson, the person's						
		<ul><li>(a) family or principal name:*</li><li>(b) given or secondary name(s):*</li></ul>							
	3.2	If the holder and/or applicant is a lega designation:	l entity, the entity's full official						
	3.3	Address (including postal code and country	y):						
		Telephone number(s): (with the area code)	Telefacsimile number(s): (with the area code)						
	3.4	Check this box if there is more the that case, list them on an addition each of them, the data referred to in	al sheet and indicate, in respect of						
4.	Representative								
	4.1	Name:							
	4.2	Address (including postal code and country	y):						
		Telephone number(s) (with the area code)	Telefacsimile number(s): (with the area code)						
	4.3	Serial number of the authorization of agent	:						
5.	Addr	Address for Service							
	* The	e names to be indicated under (a) and (b) are	those which were indicated in the						

<sup>\*</sup> The names to be indicated under (a) and (b) are those which were indicated in the application(s), or are recorded in respect of the registration(s), to which the present request relates.

<sup>†</sup> To be left blank if the authorization of agent has not, or has not yet, been allotted a serial number or if the serial number is not yet known to the holder and/or applicant or the representative.

6.	Indication of the Change(s)					
	6.1	Data to	be char	nged:		
		Data as	s change ss -	d:*		
	6.2			this box if the above space is insufficient; in that case, indicate additional sheet the data to be changed with the data as d.		
7.	Signature					
	7.1	Name	of the na	tural person who signs:		
	7.2	Check the appropriate box according to whether the signature is given by the				
		7.2.1		holder and/or applicant		
		7.2.2		representative		
	7.3	Date of signature:				
	7.4	Signati	ure:			

<sup>\*</sup> Indicate the name(s) and/or address(es) as changed

## FORM TM No. 15, Page 4

8.	Fee				
	8.1	Amount of the fee paid in connection with the present request for the recordal of change(s):			
	8.2	Method of payment:			
9.	Additional Sheets and Attachments				
		Check this box if additional sheets and/or attachments are enclosed indicate the total number of such sheets and/or attachments.			