

# MODEL INTERNATIONAL FORM No. 3

## REQUEST FOR THE RECORDAL OF CHANGE(S) IN NAME(S) OR ADDRESS(ES)

in respect of registration(s) and/or  
application(s) for registration of mark(s)

submitted to the Office of .....

FOR OFFICE USE ONLY

Reference number of holder  
and/or applicant:<sup>1</sup>

.....

Reference number of representative:<sup>1</sup>

.....

### 1. Request for Recordal

The recordal of the change(s) indicated in the present request is hereby requested.

### 2. Registration(s) and/or Application(s) Concerned

The present request concerns the following registration(s) and/or application(s):

2.1 Registration number(s):

2.2 Application number(s):<sup>2</sup>

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>1</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>2</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 application was received by the Office and an identification number given to the application by the applicant or his representative.

**3. Holder(s) and/or Applicant(s)**

3.1 If the holder and/or applicant is a natural person, the person’s

- (a) family or principal name:<sup>3</sup>
- (b) given or secondary name(s):<sup>3</sup>

3.2 If the holder and/or applicant is a legal entity, the entity’s full official designation:

3.3 Address (including postal code and country):

Telephone number(s): (with the area code)	Telefacsimile number(s): (with the area code)
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3.4 ☐ Check this box if there is more than one holder and/or applicant; in that case, list them on an additional sheet and indicate, in respect of each of them, the data referred to in items 3.1 or 3.2 and 3.3.

**4. Representative**

4.1 Name:

4.2 Address (including postal code and country):

Telephone number(s): (with the area code)	Telefacsimile number(s): (with the area code)
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4.3 Serial number of the power of attorney:<sup>4</sup>

**5. Address for Service**

<sup>3</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>4</sup> To be left blank if the power of attorney 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 changed:

Data as changed:<sup>5</sup>

6.2 ☐ Check this box if the above space is insufficient; in that case, indicate on an additional sheet the data to be changed with the data as changed.

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**7. Signature or Seal**

7.1 Name of the natural person who signs or whose seal is used:

7.2 Check the appropriate box according to whether the signature is given, or the seal is used, by or on behalf of the

7.2.1 ☐ holder and/or applicant.

7.2.2 ☐ representative.

7.3 Date of signature or of sealing:

7.4. Signature or seal:

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<sup>5</sup> Indicate the name(s) and/or address(es) as changed.

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**8. Fee**

8.1 Currency and amount of the fee paid in connection with the present request for the recordal of change(s):

8.2 Method of payment:

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**9. Additional Sheets and Attachments**

☐ Check this box if additional sheets and/or attachments are enclosed and indicate the total number of such sheets and/or attachments:

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