## **MODEL INTERNATIONAL FORM No. 7**

## REQUEST FOR THE CORRECTION OF MISTAKE(S)

|   | in registration(s) and/or application(s) for registration of marks  |  |  |  |  |
|---|---|--|--|--|--|
|   | 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>  |  |  |  |  |
|   | Request for Correction  |  |  |  |  |
|   | The correction(s) identified in the present request is (are) hereby requested.  |  |  |  |  |
| • | 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. |  |  |  |  |
|   |   |  |  |  |  |
|   | 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.

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  | 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): |   |   |   |  |  |
|    |  | Telepl  | none number(s):   | Telefacsimile number(s):  |  |  |
|    |  |   | the area code)  | (with the area code)  |  |  |
|    | 3.4  | (with   | the area code) eck this box if there is more tha  | (with the area code)  n one holder and/or applicant; in that eet and indicate, in respect of each of                        |  |  |
| 4. |  | (with   | the area code)  eck this box if there is more thate, list them on an additional shem, the data referred to in items     | (with the area code)  n one holder and/or applicant; in that eet and indicate, in respect of each of                        |  |  |
| 4. |  | (with Chocas the  | the area code)  eck this box if there is more thate, list them on an additional shem, the data referred to in items     | (with the area code)  n one holder and/or applicant; in that eet and indicate, in respect of each of                        |  |  |
| 4. | Rep  | (with Chocas the:   | the area code)  eck this box if there is more thate, list them on an additional shem, the data referred to in items     | (with the area code)  n one holder and/or applicant; in that the et and indicate, in respect of each of 3.1 or 3.2 and 3.3. |  |  |
| 4. | <b>Rep</b> 4.1                                   | (with  Chocas the:  Oresentati  Name:  Address (  | the area code)  eck this box if there is more thate, list them on an additional shem, the data referred to in items  ve | (with the area code)  n one holder and/or applicant; in that the et and indicate, in respect of each of 3.1 or 3.2 and 3.3. |  |  |

<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. 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.

| 5. | Address for Service  |  |  |  |
|----|--|--|--|--|
| 6. | Indication of Mistake(s) and Correction(s)   |  |  |  |
|    | 6.1 Data to be corrected:  |  |  |  |
|    | Data as corrected:   |  |  |  |
|    | 6.2 Check this box if the above space is insufficient; in that case, indicate on a additional sheet the data to be corrected with the data as corrected. |  |  |  |
| 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:  |  |  |  |
|    |  |  |  |  |

| Fee  |  |  |  |  |
|--|--|--|--|--|
| 8.1 Currency and amount of the fee paid in connection with the present request for correction:                                       |  |  |  |  |
| 8.2 Method of payment:   |  |  |  |  |
| 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: |  |  |  |  |
|  |  |  |  |  |