

MADRID AGREEMENT AND PROTOCOL CONCERNING THE
INTERNATIONAL REGISTRATION OF MARKS

**REQUEST FOR THE RECORDING OF A
CHANGE IN NAME AND/OR ADDRESS OF THE HOLDER**

(Rule 25 of the Common Regulations)

IMPORTANT

This form is to be used only to request the recording of a change in the name and/or address and/or correspondence address of the recorded holder. The form to be used for requesting the recording of a change in the ownership of the international registration is form MM5.



World Intellectual Property Organization
34, chemin des Colombettes, P.O. Box 18,
1211 Geneva 20, Switzerland
Tel.: (41-22) 338 9111
Fax (International Trademark Registry): (41-22) 740 1429
e-mail: intreg.mail@wipo.int – Internet: <http://www.wipo.int>

**REQUEST FOR THE RECORDING OF A CHANGE
IN NAME AND/OR ADDRESS OF THE HOLDER**

<p><u>For use by the holder</u></p> <p>This request contains the following number of continuation sheets:</p>	<p><u>For use by the holder/Office</u></p> <p>Holder's reference:..... Office's reference:.....</p>
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1 INTERNATIONAL REGISTRATION NUMBER(S)
(this form may be used for several international registrations of the same holder)

.....
.....
.....
.....
.....

2 NAME OF THE HOLDER
(as recorded in the International Register)

.....

3 CHANGE IN NAME AND/OR ADDRESS OF THE HOLDER
(indicate the change(s) by ticking the appropriate box(es))

New name:

New address:

.....

New telephone: New fax:

New e-mail address:

4 ADDRESS FOR CORRESPONDENCE
(Indicate the address for correspondence, if any, and if different from the address of the holder indicated in item 3; if this item is **not completed**, the address for correspondence already recorded in the International Register **will be automatically disregarded** by the International Bureau)

Address for correspondence:

.....

5 APPOINTMENT OF A REPRESENTATIVE (optional)
(do not complete this item if there is no change in the representative already recorded in the International Register)

Name:

Address:

..... Telephone:

Fax: E-mail address:

SIGNATURE OF THE HOLDER APPOINTING THE ABOVE (NEW) REPRESENTATIVE

.....

6

SIGNATURE BY THE HOLDER OR HIS REPRESENTATIVE

Holder

(as recorded in the International Register)

Representative of the holder

(as recorded in the International Register)

Name:

Name:

Signature:

Signature:

7

OFFICE PRESENTING THE REQUEST

(where this request is presented by or through an Office)

Name of the Office:

Signature and/or stamp of the Office:

FEE CALCULATION SHEET

(a) INSTRUCTIONS TO DEBIT FROM A CURRENT ACCOUNT

The International Bureau is hereby instructed to debit the required amount of fees from a current account opened with the International Bureau (if this box is checked, it is not necessary to complete (b)).

Holder of the account: Account number:

Identity of the party giving the instructions:

(b) AMOUNT OF FEES; METHOD OF PAYMENT

(The fee is 150 Swiss francs, irrespective of the number of international registrations listed in item 1. No fee is payable, however, where the change concerns only the telephone and/or telefacsimile number)

Amount

Identity of the party effecting the payment:

Payment received and acknowledged by WIPO	<input type="checkbox"/>	WIPO receipt number	
Payment made to WIPO bank account IBAN No. CH51 0483 5048 7080 8100 0 Credit Suisse, CH-1211 Geneva 70 Swift/BIC: CRESCHZZ80A	<input type="checkbox"/>	Payment identification	dd/mm/yyyy
Payment made to WIPO postal account IBAN No. CH03 0900 0000 1200 5000 8 Swift/BIC: POFICHBE	<input type="checkbox"/>	Payment identification	dd/mm/yyyy

CONTINUATION SHEET

No: of

A large empty rectangular box with a black border, occupying most of the page. It is intended for drawing or content.