

Printable Forms

- Application Form for registration of a mark
- Application to renew registration of a mark
- Declaration for withdrawal of application
- Application for the recordal of changes
- Request for a copy/certified copy



**THE MINISTRY OF FOREIGN AFFAIRS, INTERNATIONAL TRADE AND COOPERATION
THE INDUSTRIAL PROPERTY OFFICE
REPUBLIC OF MAURITIUS**

THE PATENTS, INDUSTRIAL DESIGNS AND TRADEMARKS ACT 2002

(Regulation 43(1))

APPLICATION FOR REGISTRATION OF A MARK

To: The Controller
Industrial Property Office
Ministry of Foreign Affairs, International Trade and Cooperation
Port Louis

Please submit this Form (in triplicate) together with the fee as specified in the First Schedule of the Patents, Industrial Designs and Trademarks Act 2002

Applicant's or Agent's File reference:

1. Representation of the Mark

2. If the mark is not a word or a picture indicate here (*for example 3-dimensional*)

.....

Indicate Title/Correct Identification of the mark

.....

3. CLAIM

If colour is claimed, indicate here and state the colour(s):

.....

4. International Classification of the Figurative Elements of Marks

<p>FOR OFFICIAL USE (VIENNA CLASSIFICATION) CFE</p>
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5. TYPES OF MARKS

Indicate if this application is for:

- a) a trademark
- b) a service mark
- c) a collective mark*

6. Priority Claim (if any)

The priority of an earlier application is claimed as follows:

Country (if the earlier application is a regional or international application, indicate the office with which it is filed)

.....

Filing date:

Application Number:

The priority of more than one earlier application is claimed:
The data are indicated in the supplemental box**

Yes No

The certified copy of the earlier application is enclosed:

Yes No

If No, it will be furnished by (date)

7. Limitation/Disclaimer

Indicate any limitation or disclaimer

.....

.....

.....

8. APPLICANT(S) (the data concerning each applicant must appear in this box or, if the space is insufficient, in the supplemental box** – at annex.)

FULL NAME OF EACH APPLICANT (underline surnames)	ADDRESS/TELEPHONE/ FAX/E-MAIL	NATIONALITY	RESIDENCE

If the applicant is a corporate body, give country and, if applicable, State of incorporation

9. Specification of Goods/Services (*according to the Nice classification*)

If the space provided for the specification of goods/services is insufficient then please continue on separate sheets. List the classes in consecutive numerical order and list alongside each class the goods or services appropriate to that class.

Class number	List of goods/services

Class number	List of goods/services

10. AGENT

Name of agent (if you have one)

“Address for service” in Mauritius to which all correspondence should be sent
.....
.....

Name and telephone number of person to contact in Mauritius
.....
.....

11. Signature
*** (Applicant/Agent)

Date:



THE MINISTRY OF FOREIGN AFFAIRS, INTERNATIONAL TRADE AND COOPERATION
THE INDUSTRIAL PROPERTY OFFICE
REPUBLIC OF MAURITIUS

THE PATENTS, INDUSTRIAL DESIGNS AND TRADEMARKS ACT 2002
(Regulation 54)

APPLICATION TO RENEW REGISTRATION OF A MARK

The Controller
Industrial Property Office
Ministry of Foreign Affairs, International Trade and Cooperation
Port Louis

1. *I/We
of.....
hereby apply for renewal of the registration of Mark/Collective Mark No.....
registered in Class/eswhich I am directed by the registered
proprietor of the mark to apply*

2. The prescribed fee for renewal of registration is enclosed herewith.

Signature:..... Date:.....

The following statement must be filled in and signed.

The Controller is requested to send certificate of renewal of the registration to *me/the
registered proprietor at the following address:

Name:

Address:

Signature: Date:

* Delete whichever is not applicable



**MINISTRY OF FOREIGN AFFAIRS, INTERNATIONAL TRADE AND COOPERATION
INDUSTRIAL PROPERTY OFFICE
REPUBLIC OF MAURITIUS**

THE PATENTS, INDUSTRIAL DESIGNS AND TRADEMARKS ACT 2002

(Regulation 47)

DECLARATION FOR WITHDRAWAL OF APPLICATION

To: The Controller
The Industrial Property Office
Ministry of Foreign Affairs, International Trade and Cooperation
Port Louis

1. *I/We

.....
of
.....
.....

hereby request the Controller to withdraw *my/our Application No:dated
..... for the registration of a *mark/ collective mark
mentioned therein.

2. *My/Our address for service in Mauritius is as follows:

.....
.....

3. Name and address of *my/our *Agent/Attorney:

.....
.....

Signature:
*(Applicant/Agent)

Date:

* *Delete whichever is not applicable.*



**MINISTRY OF FOREIGN AFFAIRS, INTERNATIONAL TRADE AND COOPERATION
INDUSTRIAL PROPERTY OFFICE
REPUBLIC OF MAURITIUS**

**THE PATENTS, INDUSTRIAL DESIGNS AND TRADEMARKS ACT 2002
(Section 47 – Regulation 59)**

**APPLICATION FOR THE RECORDAL OF CHANGES
MARK/COLLECTIVE MARK**

The Controller
The Industrial Property Office
7th Floor, Moorgate House
Sir William Newton Street
Port Louis

I/WE.....

acting on behalf of

.....

of.....

.....

in accordance with the provisions of Section 47 of the Patents, Industrial Designs & Trademarks Act 2002 ,
hereby apply for the recordal of the following in respect of an application for registration or the registration
of marks/collective marks, as per verso:

(i) Change of Address

From

.....

To

.....

(ii) Change of Name of Applicant/Registrant

From

.....

To

.....

(iii) Assignment/Merger/Agreement

From

.....

To

.....

The following supporting documents are enclosed:

.....

.....

.....

Signature:

Date:

*(Applicant/Agent)

* *Delete whichever is not applicable.*

Annex

Mark/Collective Mark	Application Number	Registration Number	Date
			...



**MINISTRY OF FOREIGN AFFAIRS, INTERNATIONAL TRADE AND COOPERATION
INDUSTRIAL PROPERTY OFFICE
REPUBLIC OF MAURITIUS**

THE PATENTS, INDUSTRIAL DESIGNS AND TRADEMARKS ACT 2002
(regulation 61(2))

REQUEST FOR A COPY/CERTIFIED COPY

To: The Controller
Industrial Property Office
Ministry of Foreign Affairs, International Trade and Cooperation
7th Floor, Moorgate House
Sir William Newton Street
Port Louis

1. Details of entries on the Register/Documents

Reference Number:

Registration Number:

2. Number of copies requested

3. Full Name and Address of the person to whom the copies should be sent

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

Date :

.....

(Signature)

FOR OFFICIAL USE

1. Amount paid Rs

CB No.:

No. of copies issued.....

