

MADRID AGREEMENT AND PROTOCOL CONCERNING
THE INTERNATIONAL REGISTRATION OF MARKS

**REQUEST FOR THE RECORDING OF A CHANGE IN THE NAME OR ADDRESS OF THE HOLDER OR,
WHERE THE HOLDER IS A LEGAL ENTITY, FOR THE RECORDING TO INTRODUCE OR CHANGE
INDICATIONS CONCERNING ITS LEGAL NATURE**

(Rule 25 of the Common Regulations)

IMPORTANT

1. Holders may present this request directly to the International Bureau or through the Office of the Contracting Party of the holder.
2. This form is to be used only to request the recording or change of indications concerning the currently recorded holder. Please, use form MM5 if you want to request the recording of a change in ownership of the international registration.
3. Holders should also take this opportunity to provide or update their contact details (address for correspondence, email address and telephone and fax numbers). However, holders wishing to change their contact details only may request so, free of charge, by sending a simple letter to the International Bureau, signed by them or by their recorded representatives.

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REQUEST FOR THE RECORDING OF A CHANGE IN THE NAME OR ADDRESS OF THE HOLDER OR, WHERE THE HOLDER IS A LEGAL ENTITY, FOR THE RECORDING TO INTRODUCE OR CHANGE INDICATIONS CONCERNING ITS LEGAL NATURE

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

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2 NAME OF THE HOLDER
 (Please type the name of the holder as it is currently recorded in the International Register)

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3 CHANGE IN NAME OR ADDRESS OF THE HOLDER
 (Please indicate the change(s) by ticking the appropriate box(es) and providing the new name or new address)

New name:

New address:

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4 IF THE HOLDER IS A LEGAL ENTITY, RECORDING OF OR CHANGE IN THE INDICATIONS CONCERNING THE LEGAL NATURE OF THE HOLDER
 (Please provide **both** the following indications)

Legal nature of the legal entity:

State (country) and, where applicable, the territorial unit within that State (canton, province, state, etc.), under the laws of which the said legal entity has been organized:

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5 CHANGE IN THE HOLDER'S CONTACT INFORMATION (optional)

If no change is requested below, the International Bureau will maintain the holder's current contact information, if any

Delete the holder's address for correspondence or update it with the information that appears below

New address for correspondence:

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Delete the holder's phone and fax numbers or update them with the information that appears below

New telephone: New fax:

Delete the holder's e-mail address or update it with the information that appears below

New e-mail address:

By providing an e-mail address, any further correspondence from the International Bureau related to this/these international registration(s) will be sent only electronically and, **therefore, you will no longer receive any paper correspondence**. Likewise, any further correspondence from the International Bureau related to other international applications or international registrations for which the same e-mail address has been, or will be, provided will also be sent only electronically. Please note that, for the purpose of electronic communication, there can be only one e-mail address recorded per each international registration.

6 APPOINTMENT OF A (NEW) REPRESENTATIVE (optional)
(**only complete this item** if you are appointing a (new) representative)

Name:

Address:

.....

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.....

.....

Telephone: Fax:

E-mail address:

By providing an e-mail address, any further correspondence from the International Bureau related to this/these international registration(s) will be sent only electronically and, **therefore, you will no longer receive any paper correspondence**. Likewise, any further correspondence from the International Bureau related to other international applications or international registrations for which the same e-mail address has been, or will be, provided will also be sent only electronically. Please note that, for the purpose of electronic communication, there can be only one e-mail address recorded per each international registration.

SIGNATURE OF THE HOLDER APPOINTING THE ABOVE (NEW) REPRESENTATIVE

.....

7 SIGNATURE BY THE HOLDER AND/OR HIS REPRESENTATIVE

Holder
(as recorded in the International Register)

Representative of the holder
(as recorded in the International Register or herein appointed)

By signing this form, I declare that I am entitled to sign it under the applicable law:

By signing this form, I declare that I am entitled to sign it under the applicable law:

Name:

Name:

Signature:

Signature:

8

OFFICE OF THE CONTRACTING PARTY OF THE HOLDER PRESENTING THE REQUEST
(where this request is presented through an Office)

Name of the Office:

Name and signature of the official signing on behalf of the Office:
By signing this form, I declare that I am entitled to sign it under the applicable law:

.....
.....

Name and e-mail address of the contact person in 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

(The fee is 150 Swiss francs, irrespective of the number of international registrations listed in item 1)

Amount

(c) METHOD OF PAYMENT

Identity of the party effecting the payment:

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