

**MODEL INTERNATIONAL FORM No. 12**

**STATEMENT OF CANCELLATION OF LICENSE**

in respect of application(s) and/or registered mark(s),  
submitted to the Office of .....

FOR OFFICE USE ONLY
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Reference indication of holder/applicant and/or licensee <sup>1</sup> : .....
Reference indication of representative of holder/applicant: .....
licensee <sup>1</sup> : .....

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**1. Statement**

The holder(s)/applicant(s) and licensee(s) hereby state that the registration(s) and/or application(s) identified below is (are) the subject of a cancellation of license.

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<sup>1</sup> Any reference indication allotted by the holder/applicant and/or licensee and/or any reference indication allotted by any of the representatives to the present request may be given in this space.

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

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

2.1 Registration and/or application number(s):

2.2  If the space under item 2.1 is not sufficient, check this box and provide the information on an additional sheet.

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

3.1 If the holder/applicant is a natural person, the person's

- (a) family or principal name<sup>2</sup>:
- (b) given or secondary name(s)<sup>2</sup>:

3.2 If the holder/applicant is a legal entity,

- (a) the entity's full official designation:
- (b) the legal nature of the legal entity:
- (c) the State, and, where applicable, the territorial unit within that State, under the law of which the legal entity is organized:

3.3 Address (including postal code and country):

Telephone number(s)<sup>3</sup>:      Telefacsimile number(s)<sup>3</sup>:      E-mail address:  
(with the area code)      (with the area code)

3.4  Check this box if there is more than one holder/applicant; in that case, list the additional holders/applicants on a separate sheet and indicate, in respect of each of them, the data referred to in items 3.1 or 3.2 and 3.3.

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<sup>2</sup> The names to be indicated under (a) and (b) are those which appear in the records of the Office in respect of the holder/applicant of the registration(s)/application(s) to which the present request relates.

<sup>3</sup> Even where the Office elects to request this information, the holder/applicant or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

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**4. Representative of Holder(s)/Applicant(s)**

4.1 Name:

4.2 Address (including postal code and country):

Telephone number(s)<sup>4</sup>:      Telefacsimile number(s)<sup>4</sup>:      E-mail address:  
(with the area code)      (with the area code)

4.3 Registration number, if registered with the Office:

4.4 Number allotted to the power of attorney:

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**5. Licensee**

5.1 If the licensee is a natural person, the person's

(a) family or principal name:

(b) given or secondary name(s):

5.2 If the licensee is a legal entity,

(a) the entity's full official designation:

(b) the legal nature of the legal entity:

(c) the State, and, where applicable, the territorial unit within that State, under the law of which the legal entity is organized:

5.3 Address (including postal code and country):

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<sup>4</sup> Even where the Office elects to request this information, the holder/applicant or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

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Telephone number(s)<sup>5</sup>:      Telefacsimile number(s)<sup>5</sup>:      E-mail address:  
(with the area code)      (with the area code)

5.4 State of nationality of the licensee:

5.5 State of domicile of the licensee:

5.6 State of real and effective industrial or commercial establishment of the licensee:

5.7  Check this box if there is more than one licensee; in that case, list each additional licensee on a separate sheet and indicate, in respect of each of them, the data referred to in items 5.1 to 5.6.

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**6. Representative of Licensee**

6.1 Name:

6.2 Address (including postal code and country):

Telephone number(s)<sup>6</sup>:      Telefacsimile number(s)<sup>6</sup>:      E-mail address:  
(with the area code)      (with the area code)

6.3 Registration number, if registered with the Office:

6.4 Number allotted to the power of attorney<sup>7</sup>:

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<sup>5</sup> Even where the Office elects to request this information, the licensee or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

<sup>6</sup> Even where the Office elects to request this information, the licensee or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where appropriate) and area code.

<sup>7</sup> Leave blank if the power of attorney has not, or has not yet, been allotted a number or if the number is not known to the licensee or the representative.

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**7. Goods and/or Services for Which the License Is Cancelled**

The nature and scope of the cancellation is indicated on a separate sheet.

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**8. Signatures or Seals<sup>8</sup>**

8.1 Signature(s) or seal(s) of the holder(s)/applicant(s):

8.1.1 Name of the holder/applicant or, if the holder/applicant is a legal entity, name of the person who acts on behalf of the holder/applicant

8.1.2 Date of signature or of sealing:

8.1.3 Signature or seal:

8.2 Signature(s) or seal(s) of the licensee(s):

8.2.1 Name of the licensee or, if the licensee is a legal entity, name of the person who acts on behalf of the licensee:

8.2.2 Date of signature or of sealing:

8.2.3 Signature or seal:

8.3 Signature or seal of the representative of the holder(s)/applicant(s):

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

8.3.2 Date of signature or of sealing:

8.3.3 Signature or seal:

8.4 Signature or seal of the representative of the licensee(s):

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

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<sup>8</sup> If there is more than one person signing or whose seal is used, all of the indications under sub-items 8.1 to 8.4 should be given on an additional sheet.

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8.4.2 Date of signature or of sealing:

8.4.3 Signature or seal:

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**9. Additional Sheets**

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

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