

MM9 (E) – 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

We strongly recommend that you use the [online change in holder details](#) form to request a change of name and/or address of the holder, and/or where the holder is a legal entity, a change in legal nature when paying the required fees with a credit card or debiting them from a WIPO current account.

For use by the holder:

Number of continuation sheets:

Holder's reference:

For use by the Office:

Office's reference:

1. INTERNATIONAL REGISTRATION NUMBER(S)

You may use this form for **several** international registrations of the **same** holder.

2. NAME OF THE HOLDER¹

As **recorded** in the International Register.

¹ Where the international registration is **jointly owned** indicate the names of each joint holder as recorded in the international registration here.

3. CHANGE IN NAME OR ADDRESS OF THE HOLDER

Indicate the change(s) by ticking the appropriate box(es) and providing the new name or new address.

(a) **New name:**

(b) **New address:**

4. IF THE HOLDER IS A LEGAL ENTITY, RECORDING OF OR CHANGE IN THE INDICATIONS CONCERNING THE LEGAL NATURE OF THE HOLDER

Provide **both** of the following indications.

(a) **Legal nature of the legal entity:**

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

5. SIGNATURE OF THE HOLDER AND/OR THEIR REPRESENTATIVE

Holder (as recorded in the International Register):

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

Name:

Signature:

Representative of the holder (as recorded in the International Register):

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

Name:

Signature:

6. SIGNATURE OF THE OFFICE PRESENTING THE REQUEST

Where the request is presented through an Office.

(a) Name of the Office:

(b) 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.

(c) E-mail address of the contact person in the Office:

METHOD OF PAYMENT

If you want to debit the amount of the fees from your Current Account at WIPO, tick the box and provide the information under item (a). If you have already transferred those amounts to WIPO's bank or postal account, provide as much information as possible under item (b), which would allow WIPO to identify and allocate your payment.

(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) BANK OR POSTAL TRANSFER

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 Account name: WIPO / OMPI UBS SWITZERLAND AG (FORMERLY CREDIT SUISSE), ZURICH, SWITZERLAND IBAN: CH51 0483 5048 7080 8100 0 Swift: CRESCHZZ80A	<input type="checkbox"/>	Payment identification	dd/mm/yyyy
Payment made to WIPO postal account (within Europe only) Account name: WIPO / OMPI SWISS POST/Postfinance, Engelhaldenstrasse 37, CH-3030 Bern IBAN: CH03 0900 0000 1200 5000 8 Swift: POFICHBE	<input type="checkbox"/>	Payment identification	dd/mm/yyyy

FEE CALCULATION SHEET**AMOUNT OF FEES**

The fee is 150 Swiss francs, irrespective of the number of international registrations listed in item 1.	TOTAL (Swiss francs)	=	150.-
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CONTINUATION SHEET

No. of

Empty rectangular area for continuation of text.