

HAGUE AGREEMENT  
CONCERNING THE INTERNATIONAL REGISTRATION OF INDUSTRIAL DESIGNS

**REQUEST FOR THE RECORDING OF A LIMITATION**

**IMPORTANT**

1. This form may only be used to request the recording of a limitation for a **single** international registration.
2. The request must necessarily relate to some only of the industrial designs covered by the international registration (in respect of some or all designated Contracting Parties). If the request relates to all industrial designs covered by the international registration, form DM/5 (renunciation) must be used instead.
3. The limitation to the industrial designs indicated in item 4 must be the same for all Contracting Parties indicated in item 5.

This cover page must not be sent to the International Bureau.

World Intellectual Property Organization  
34, chemin des Colombettes, P.O. Box 18,  
1211 Geneva 20, Switzerland  
Tel.: +41 (0)22 338 91 11  
Internet: [www.wipo.int](http://www.wipo.int)

[Contact Hague](#)

## REQUEST FOR THE RECORDING OF A LIMITATION

For use by the holder

This request contains the following number of continuation sheets: .....

Reference: .....

For use by the International Bureau

### 1 INTERNATIONAL REGISTRATION NUMBER

.....

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

.....

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

(a) Representative is a (check the appropriate box)\*:

Natural person – Family name: ..... Given name: .....

Legal entity – Official designation: .....

(b) Address: .....

Postal code: ..... City: ..... Country: .....

Telephone: ..... E-mail address: .....

(c) To appoint a representative, the present request must be signed by the holder, or be accompanied by a power of attorney or form DM/7 (check the appropriate box):

item 6 of the request is signed by the holder; or

a power of attorney or form DM/7 is attached to the present form

\* Only one box should be checked. If both boxes are checked, the name of the representative will be recorded with the name of the natural person preceding the name of the legal entity.

### 4 INDUSTRIAL DESIGNS

Specify the number of each industrial design affected by the limitation (for which protection is no longer sought):

Number of each industrial design

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

If the space provided is not sufficient, check this box and use a continuation sheet.

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**CONTRACTING PARTIES (check either (a) or (b))**

- (a)  The limitation of the industrial designs indicated in item 4 is to be recorded for **all** the designated Contracting Parties;
- (b)  The limitation of the industrial designs indicated in item 4 is to be recorded for the following designated Contracting Parties:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> <b>AL</b> Albania                | <input type="checkbox"/> <b>EM</b> European Union                        | <input type="checkbox"/> <b>KR</b> Republic of Korea                          | <input type="checkbox"/> <b>OM</b> Oman                     |
| <input type="checkbox"/> <b>AM</b> Armenia                | <input type="checkbox"/> <b>ES</b> Spain                                 | <input type="checkbox"/> <b>LI</b> Liechtenstein                              | <input type="checkbox"/> <b>PL</b> Poland                   |
| <input type="checkbox"/> <b>AZ</b> Azerbaijan             | <input type="checkbox"/> <b>FI</b> Finland                               | <input type="checkbox"/> <b>LT</b> Lithuania                                  | <input type="checkbox"/> <b>RO</b> Romania                  |
| <input type="checkbox"/> <b>BA</b> Bosnia and Herzegovina | <input type="checkbox"/> <b>FR</b> France                                | <input type="checkbox"/> <b>LV</b> Latvia                                     | <input type="checkbox"/> <b>RS</b> Serbia                   |
| <input type="checkbox"/> <b>BG</b> Bulgaria               | <input type="checkbox"/> <b>GA</b> Gabon                                 | <input type="checkbox"/> <b>MA</b> Morocco                                    | <input type="checkbox"/> <b>RU</b> Russian Federation       |
| <input type="checkbox"/> <b>BJ</b> Benin                  | <input type="checkbox"/> <b>GB</b> United Kingdom                        | <input type="checkbox"/> <b>MC</b> Monaco                                     | <input type="checkbox"/> <b>RW</b> Rwanda                   |
| <input type="checkbox"/> <b>BN</b> Brunei Darussalam      | <input type="checkbox"/> <b>GE</b> Georgia                               | <input type="checkbox"/> <b>MD</b> Republic of Moldova                        | <input type="checkbox"/> <b>SG</b> Singapore                |
| <input type="checkbox"/> <b>BW</b> Botswana               | <input type="checkbox"/> <b>GH</b> Ghana                                 | <input type="checkbox"/> <b>ME</b> Montenegro                                 | <input type="checkbox"/> <b>SI</b> Slovenia                 |
| <input type="checkbox"/> <b>BX</b> Benelux                | <input type="checkbox"/> <b>GR</b> Greece                                | <input type="checkbox"/> <b>MK</b> North Macedonia                            | <input type="checkbox"/> <b>SM</b> San Marino               |
| <input type="checkbox"/> <b>BZ</b> Belize                 | <input type="checkbox"/> <b>HR</b> Croatia                               | <input type="checkbox"/> <b>ML</b> Mali                                       | <input type="checkbox"/> <b>SN</b> Senegal                  |
| <input type="checkbox"/> <b>CA</b> Canada                 | <input type="checkbox"/> <b>HU</b> Hungary                               | <input type="checkbox"/> <b>MN</b> Mongolia                                   | <input type="checkbox"/> <b>SR</b> Suriname                 |
| <input type="checkbox"/> <b>CH</b> Switzerland            | <input type="checkbox"/> <b>IS</b> Iceland                               | <input type="checkbox"/> <b>NA</b> Namibia                                    | <input type="checkbox"/> <b>ST</b> Sao Tome and Principe    |
| <input type="checkbox"/> <b>CI</b> Côte d'Ivoire          | <input type="checkbox"/> <b>IT</b> Italy                                 | <input type="checkbox"/> <b>NE</b> Niger                                      | <input type="checkbox"/> <b>SY</b> Syrian Arab Republic     |
| <input type="checkbox"/> <b>DE</b> Germany                | <input type="checkbox"/> <b>JP</b> Japan                                 | <input type="checkbox"/> <b>NO</b> Norway                                     | <input type="checkbox"/> <b>TJ</b> Tajikistan               |
| <input type="checkbox"/> <b>DK</b> Denmark                | <input type="checkbox"/> <b>KG</b> Kyrgyzstan                            | <input type="checkbox"/> <b>OA</b> African Intellectual Property Organization | <input type="checkbox"/> <b>TM</b> Turkmenistan             |
| <input type="checkbox"/> <b>EE</b> Estonia                | <input type="checkbox"/> <b>KH</b> Cambodia                              |   | <input type="checkbox"/> <b>TN</b> Tunisia                  |
| <input type="checkbox"/> <b>EG</b> Egypt                  | <input type="checkbox"/> <b>KP</b> Democratic People's Republic of Korea |   | <input type="checkbox"/> <b>TR</b> Turkey                   |
|   |  |   | <input type="checkbox"/> <b>UA</b> Ukraine                  |
|   |  |   | <input type="checkbox"/> <b>US</b> United States of America |

Others: .....

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**SIGNATURE AND/OR SEAL**

- (a) Identify the signatory by checking the appropriate box:
  - (i) Holder
  - (ii) Representative of the holder

(b) Name: .....

(c) Signature and/or seal: .....

(d) Date of signature (dd/mm/yyyy): .....

Name of the person to contact, if necessary: .....

## PAYMENT OF FEES

**1. INSTRUCTION TO DEBIT FROM A WIPO CURRENT ACCOUNT**  
 (if this box is completed, it is not necessary to complete item 2)

The International Bureau is hereby instructed to debit the required amount of fees from the following WIPO current account:

Holder of the account: ..... Account number: .....

Identity of the party giving the instruction: .....

**2. AMOUNT OF FEES; METHOD OF PAYMENT**

Amount of fees request (Swiss francs) ..... **144.--**

Identity of the party effecting the payment: .....

Payment made to WIPO bank account  
 IBAN No. CH51 0483 5048 7080 8100 0  
 Credit Suisse, CH-1211 Geneva 70  
 Swift/BIC: CRESCHZZ80A

Payment identification

dd/mm/yyyy

.....

Payment made to WIPO postal account  
 IBAN No. CH03 0900 0000 1200 5000 8  
 Swift/BIC: POFICHBE

Payment identification

dd/mm/yyyy

.....