

HAGUE AGREEMENT
CONCERNING THE INTERNATIONAL REGISTRATION OF INDUSTRIAL DESIGNS

REQUEST FOR THE RECORDING OF A RENUNCIATION

IMPORTANT

1. Please submit the present form directly to the International Bureau through [Contact Hague](#).
2. One single form may be used to request the recording of a renunciation in respect of several international registrations of the same holder, **provided that** the designated Contracting Parties in respect of which the international registration is renounced are **the same for each** of the international registrations concerned.
3. The request must necessarily relate to all the industrial designs covered by the international registration(s) (in respect of some or all designated Contracting Parties). If the request relates to some only of the industrial designs, form DM/3 (limitation) must be used instead.

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 7575
Internet: www.wipo.int

For further information, please [Contact Hague](#)

REQUEST FOR THE RECORDING OF A RENUNCIATION

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(S)

.....

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

.....

3 APPOINTMENT OF A REPRESENTATIVE (optional) (all fields are mandatory except where indicated otherwise) **(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)¹:

- Natural person – Family name: Given name:
- Legal entity – Official designation:

(b) Address:
 Postal code: City: Country:

(c) Email²:

(d) Telephone³:

(e) To appoint a representative, the present request must be signed by the holder, or be accompanied by a power of attorney or form DM7 (check the appropriate box):

- item 5 of the request is signed by the holder; or
- a power of attorney or form DM7 is attached to the present form

¹ 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.

² When a representative is appointed, all communications concerning the international registration(s) in item 1 will be sent only to the email address of the representative. The holder and the representative must ensure that the email address indicated above is accurate and kept up to date.

³ Indicating a phone number is not required, but it will allow the International Bureau to reach your representative if needed.

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

(a) The renunciation concerns **all** designated Contracting Parties;

(b) The renunciation concerns the following designated Contracting Parties:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> AL Albania | <input type="checkbox"/> EM European Union | <input type="checkbox"/> LI Liechtenstein | <input type="checkbox"/> RW Rwanda |
| <input type="checkbox"/> AM Armenia | <input type="checkbox"/> ES Spain | <input type="checkbox"/> LT Lithuania | <input type="checkbox"/> SG Singapore |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> FI Finland | <input type="checkbox"/> LV Latvia | <input type="checkbox"/> SI Slovenia |
| <input type="checkbox"/> BA Bosnia and Herzegovina | <input type="checkbox"/> FR France | <input type="checkbox"/> MA Morocco | <input type="checkbox"/> SM San Marino |
| <input type="checkbox"/> BG Bulgaria | <input type="checkbox"/> GA Gabon | <input type="checkbox"/> MC Monaco | <input type="checkbox"/> SN Senegal |
| <input type="checkbox"/> BJ Benin | <input type="checkbox"/> GB United Kingdom | <input type="checkbox"/> MD Republic of Moldova | <input type="checkbox"/> SR Suriname |
| <input type="checkbox"/> BN Brunei Darussalam | <input type="checkbox"/> GE Georgia | <input type="checkbox"/> ME Montenegro | <input type="checkbox"/> ST Sao Tome and Principe |
| <input type="checkbox"/> BQ Bonaire, Sint Eustatius and Saba ⁴ | <input type="checkbox"/> GH Ghana | <input type="checkbox"/> MK North Macedonia | <input type="checkbox"/> SX Sint Maarten ⁴ |
| <input type="checkbox"/> BW Botswana | <input type="checkbox"/> GR Greece | <input type="checkbox"/> ML Mali | <input type="checkbox"/> SY Syrian Arab Republic |
| <input type="checkbox"/> BX Benelux | <input type="checkbox"/> HR Croatia | <input type="checkbox"/> MN Mongolia | <input type="checkbox"/> TJ Tajikistan |
| <input type="checkbox"/> BZ Belize | <input type="checkbox"/> HU Hungary | <input type="checkbox"/> MX Mexico | <input type="checkbox"/> TM Turkmenistan |
| <input type="checkbox"/> CA Canada | <input type="checkbox"/> IL Israel | <input type="checkbox"/> NA Namibia | <input type="checkbox"/> TN Tunisia |
| <input type="checkbox"/> CH Switzerland | <input type="checkbox"/> IS Iceland | <input type="checkbox"/> NE Niger | <input type="checkbox"/> TR Turkey |
| <input type="checkbox"/> CI Côte d'Ivoire | <input type="checkbox"/> IT Italy | <input type="checkbox"/> NO Norway | <input type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> CW Curaçao ⁴ | <input type="checkbox"/> JP Japan | <input type="checkbox"/> OA African Intellectual Property Office | <input type="checkbox"/> US United States of America |
| <input type="checkbox"/> DE Germany | <input type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> OM Oman | <input type="checkbox"/> VN Viet Nam |
| <input type="checkbox"/> DK Denmark | <input type="checkbox"/> KH Cambodia | <input type="checkbox"/> PL Poland | <input type="checkbox"/> WS Samoa |
| <input type="checkbox"/> EE Estonia | <input type="checkbox"/> KP Democratic People's Republic of Korea | <input type="checkbox"/> RO Romania | |
| <input type="checkbox"/> EG Egypt | <input type="checkbox"/> KR Republic of Korea | <input type="checkbox"/> RS Serbia | |
| | | <input type="checkbox"/> RU Russian Federation | |

Others: _____

⁴ Territorial entity previously part of the Netherlands Antilles.

5 SIGNATURE AND/OR SEAL (mandatory)⁵

(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 (day/month/year): _____

Name of the person to contact, if necessary: _____

Email: _____ Telephone: _____

⁵ The signature may be hand written, printed, stamped or in electronic form. Accepted forms of electronic signature are text-string, image, digital or computer generated signatures.

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 below)

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 (144 Swiss francs) × (per international registration mentioned in item 1) **Grand total (Swiss francs)**

Identity of the party effecting the payment:

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

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