

MM10 (E) – REQUEST FOR THE RECORDING OF A CHANGE IN THE NAME OR ADDRESS OF THE REPRESENTATIVE

This form is to be used **only** to request the recording of a change in the name or address of the recorded representative and **not to appoint a new representative**.

For use by the representative:

Number of continuation sheets:

Representative's reference:

For use by the Office:

Office's reference:

1. INTERNATIONAL REGISTRATION NUMBER(S)

This form may be used for **several** international registrations of the **same** representative.

2. NAME OF THE REPRESENTATIVE

As **recorded** in the International Register.

(a) **Name:**

(b) **Address:**

3. CHANGE IN NAME OR ADDRESS OF THE REPRESENTATIVE

(a) **New name:**

(b) **New address:**

(c) **New e-mail address¹:**

(d) **New telephone number²:**

4. 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:

¹ WIPO will send all communications concerning the international registration(s) in item 1 **only** to the e-mail address of the representative. Where there is no new e-mail address indicated in this form, all communications will be sent to the e-mail address already on record. The holder and the representative must ensure that the e-mail address indicated here is accurate and kept up to date.

² Indicating a phone number is not required, but it will allow WIPO to reach your representative if needed.

5. OFFICE OF THE CONTRACTING PARTY OF THE HOLDER 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) Name and e-mail address of the contact person in the Office:

CONTINUATION SHEET

No. of

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