

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

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.

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:**

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

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. APPOINTMENT OF A (NEW) REPRESENTATIVE²

Only complete this item if you are appointing a (new) representative.

(a) **Name:**

(b) **Address:**

(c) **E-mail address³:**

(d) **Telephone number⁴:**

SIGNATURE OF THE HOLDER APPOINTING THE ABOVE (NEW) REPRESENTATIVE⁵

Signature:

² You must indicate the name, address and e-mail address of the (new) representative (and sign this item) otherwise, WIPO cannot record the appointment. Please note that the appointment of a new representative will replace any representative previously appointed.

³ When a (new) representative is appointed, WIPO will send all communications concerning the international registration(s) in item 1 **only** to the e-mail address of the representative. The holder and the representative must ensure that the e-mail address indicated here is accurate and kept up to date.

⁴ Indicating a phone number is not required, but it will allow WIPO to reach your representative if needed.

⁵ If the signature of the holder is missing, WIPO will process the request but the (new) representative will not be recorded.

6. 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 or herein appointed):

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

Name:

Signature:

7. 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:

FEE CALCULATION SHEET**(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) 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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(c) METHOD OF PAYMENT

Identity of the party effecting the payment:	
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Payment received and acknowledged by WIPO	<input type="checkbox"/>	WIPO receipt number	
Payment made to WIPO bank account IBAN No. CH51 0483 5048 7080 8100 0 Crédit Suisse, CH-1211 Geneva 70 Swift/BIC: CRESCHZZ80A	<input type="checkbox"/>	Payment identification	dd/mm/yyyy
Payment made to WIPO postal account (within Europe only) IBAN No. CH03 0900 0000 1200 5000 8 Swift/BIC: POFICHBE	<input type="checkbox"/>	Payment identification	dd/mm/yyyy

