

# Model International Form Under the Patent Law Treaty (PLT)

For Office use only

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## REQUEST FOR RECORDATION OF CHANGE IN NAME OR ADDRESS

\* Indicate name of national or regional patent Office with which the recordation is requested.

Reference indication of person making the request (if desired):

### Box No. I APPLICATION(S) AND/OR PATENT(S) CONCERNED

The present request concerns the following application(s) and/or patent(s):

Application number(s)\*:

Patent number(s):

*\*Where the application number has not yet been issued or is not known to the applicant or the representative, that application may be identified by furnishing (i) the provisional application number (if any) given by the Office, (ii) a copy of the request part of the application along with the date on which the application was sent to the Office, or (iii) a reference number given to the application by the applicant or his representative, along with the name and address of the applicant, the title of the invention and the date on which the application was sent to the Office.*

Further applications and/or patents concerned are indicated on additional sheet No. ....

### Box No. II APPLICANT(S) AND/OR OWNER(S)

Name and address\*: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the country of residence.)*

Telephone No.

Facsimile No.

E-mail address

Registration No. or other indication registered with the Office

*\*Where the requested change(s) relate(s) to the name and/or address of the applicant and/or owner, the name and/or address prior to the change shall be indicated in this box.*

Further applicants and/or owners are indicated on the following sheet: Continuation of Box No. II

### Box No. III REPRESENTATIVE(S)

Name and address\*:

Telephone No.

Facsimile No.

E-mail address

Registration No. or other indication registered with the Office

*\*Where the requested change(s) relate(s) to the name and/or address of the representative, the name and/or address prior to the change shall be indicated in this box.*

The power of attorney is enclosed       Appointment was made on the request form when the application was filed       The power of attorney (No. ....) is already in the possession of the Office

Further representatives are indicated on the following sheet: Continuation of Box No. III

**Continuation of Box No. II FURTHER APPLICANT(S) AND/OR OWNER(S)**

*If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office
Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office
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	E-mail address
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	E-mail address
	Registration No. or other indication registered with the Office
Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office

**Continuation of Box No. III FURTHER REPRESENTATIVE(S)**

*If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office

The power of attorney is attached     
  Appointment was made on the request form when the application was filed     
  The power of attorney (No. ....) is already in the possession of the Office

Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office

The power of attorney is attached     
  Appointment was made on the request form when the application was filed     
  The power of attorney (No. ....) is already in the possession of the Office

Name and address:	Telephone No.
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  The power of attorney (No. ....) is already in the possession of the Office

Name and address:	Telephone No.
	Facsimile No.
	E-mail address
	Registration No. or other indication registered with the Office

The power of attorney is attached     
  Appointment was made on the request form when the application was filed     
  The power of attorney (No. ....) is already in the possession of the Office

**Box No. IV ADDRESS FOR CORRESPONDENCE OR LEGAL SERVICE**

**Box No. V CHANGE(S) TO BE RECORDED**

The present request concerns a change/changes in (*choose one from items (i) to (iii), and mark the relevant check-box(es)*) :

- (i) applicant's and/or owner's  name  address
- (ii) representative's  name  address
- (iii)  address for correspondence or legal service

**Box No. VI NAME AND/OR ADDRESS PRIOR TO CHANGE**

Name and/or address: (*Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the country of residence.*)

**Box No. VII NEW NAME AND/OR ADDRESS TO BE RECORDED**

Name and/or address: (*Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the country of residence.*)

**Box No. VIII ENCLOSURE(S)**

- Power of attorney (Box No. III)
- Separate copy(copies) of the request for each application and/or patent where the request relates to more than one application or patent
- Others (specify): .....

**Box No. IX SIGNATURE OR SEAL; DATE**

*Next to each signature or seal, indicate the name of the person signing or sealing, the capacity in which the person signs or seals (if such capacity is not obvious) and the date of signature or of seal*