INTELLECTUAL PROPERTY ACT NO MARKS	0. 36 OF 2003	(For office use only) Receipt No: Date:
APPLICATION FOR RECORDING OF CHANGE OF NAME/ ADDRESS		
Mark No :	Cla	ass:
Applicant/ Owner of the Mark :		
Name :-		
Address:-		
Requested Change :		
Name :-		
Address:-		
Postal Address for service, if applicable		
Telephone: Fax	k No	E-Mail
Agent (If any)		
Name :-		
Address :-		
Telephone: Fa	x No	E-Mail
Date	•••	Signature
č		