



Request for Amendment - Name/Address/Address for Service

Registration or Design Number(s)

Registered Owner/Applicant(s) Details (current)

Name or Company Name			ACN/ ARBN
Address			
	State		Postcode
	Country		

New Details

Please provide the NEW name and/or address, if applicable:

Name or Company Name			ACN/ ARBN
Address			
	State		Postcode
	Country		

Address for Service
(Only complete if you want to change the address for service)

State		Postcode

Contact Details (Optional)

Telephone No ()	Facsimile No ()
Mobile No	Your Ref
Email address	

Please Note:

1. For a change of Applicant/Owner name, please supply a copy of the certificate of Incorporation on Change of Name with this request.
2. If the change involves assignment or transmission of ownership of the design, a Request To Assign Ownership or Record Interest form should be completed, not this form.

Signature

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Name (please print)

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