

## **Application to Amend a Claimed Interest or Right in a Trade Mark**









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- how you may make a complaint about a breach of the Privacy Act and how we will deal with your complaint; and
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IP Australia will publish your:

- name;
- address for service;
- address for correspondence; and
- details and history of your Trade Mark

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## Application to Amend a Claimed Interest or Right in a Trade Mark









ersonal Det	ails of Applicant				(* d	enotes mandatory fields)			
Name		ACN/ARBN/ABN							
Address can be a									
O Box)	Country (if not Australia)			State	Pos	tcode			
nd Applicant required)	ACN/ARBN/ABN								
ddress an be a									
O Box)	Country (if not Australia)			State	Pos	tcode			
	Additional applicant details attached								
ddress	Country			State	Pos	tcode			
<u>DR</u>					,				
ame	only complete if you are being r	epresenti	ea by an Agent	authorisea to act o	n your benaif)				
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	Country (if not Australia)			State	Pos	tcode			
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elephone	( )	Fax	( )		Mobile Number				
mail ddress					stomer				

By completing this form you consent to your personal information being handled in accordance with the Privacy Notice provided on page 1 of this form.

IP Australia publishes address details in our online databases and bulk data products. Please provide a post office box if you do not want your residential address to be published.





## **Application to Amend a Claimed Interest or Right in a Trade Mark**



*Claimant's Details		(*deno	(*denotes mandatory fields)				
Name:							
Address:							
(can be a PO Box)	Country (if no	ot Australia)	State Postco				
Address for Se	rvice must be a	n address in Austra	alia or New Zeala	and (can be a PO Box)			
Address:							
	Country			State	Postcode		
*Trade Mark N	No.	In the name of					
Details of Ame	endment						
OR							
Details of	the Amendmen	t are provided in th	e documentation	n attached to this form			
Owner/Agent	to complete (tid	k appropriate box)					
I am the:							
Applicant/0	Owner	Legal Repre	sentative	Patent Attorney or Trade	e Mark Agent		
Person per	manently empl	oyed by, and only b	y, the Applicant,	'Owner			
						(DD/MM/YYYY)	
Signature			Name (print)			Date	
Claimant to co	mplete (tick app	ropriate box)					
I am the:							
Claimant		Legal Repre	sentative	Patent Attorney or Trade	e Mark Agent		
Person per	manently empl	oyed by, and only b	y, the claimant				
						(DD/MM/YYYY)	
Signature			Name <i>(print)</i>			Date	

Note: No fee applies to the filing of this form.