FORM 13



[Section 39; Regulation 16]

APPLICATION FORM FOR ALTERATION OF TRADEMARK

AFAT No: .../[month]NRUTM/20...

To:

The Registrar of Trademarks Government Buildings Yaren District Republic of Nauru

| In the matter of Trademark Registration No |
|--|
| Full Name of owner of trademark: |
| Pull Name of owner of tragemark: |
| |
| Trade or business address: |
| |
| |
| Email: Telephone: |
| · |
| |
| I am the registered owner of the trademark described above. |
| |
| I request that the trademark described above be altered in the following particulars: |
| request that the disternant described above be affected in the following particulars. |
| |
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| |
| so that the new trademark shall appear as follows: |
| and the state of t |
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| |
| |
| Date: |
| Date |
| |
| Signature: |
| Payment receipt number: |
| |

| OFFICIAL PURPOSES | |
|------------------------|---------------|
| Received by: | |
| (Full name of officer) | |
| Date: / / 20 | Time: am / pm |