FORM 19



[Section 42; Regulation 22]

APPLICATION FORM FOR RECTIFICATION OF REGISTER

AFRR 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:...

Trade or business address:...

Email:...

Telephone:..

I am the registered owner of the trademark described above.

I request that the Register be rectified as follows:

so that the new trademark shall appear as follows:

Signature:....

Payment receipt number:....

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