

FORM 20



**REPUBLIC OF NAURU
TRADEMARKS ACT 2019**

[Section 44; Regulation 23]

APPLICATION TO REGISTER ASSIGNMENT OF TRADEMARK

ARAT No: ... /month]NRUTM/20...

To:

The Registrar of Trademarks
Government Buildings
Yaren District
Republic of Nauru

PART 1: APPLICATION DETAILS	
Registration number	
PART 2: DETAILS OF CURRENT OWNER	
(a) Full name	
(b) Email	
(c) Telephone	
(d) Mode of correspondence	
PART 3: DETAILS OF SUBSEQUENT APPLICANT	
(a) Full name	
(b) Email	
(c) Telephone	
(d) Mode of correspondence	
PART 4: PERSON MAKING THE REQUEST <i>[whether current proprietor or subsequent proprietor]</i>	
PART 5: FULL OR PARTIAL ASSIGNMENT <i>[If partial, provide details of the trademark for which the transfer is to be recorded]</i>	
PART 6: DATE OF ASSIGNMENT	<i>[dd] [mm] [yy]</i>
PART 7: VALIDATION / SUPPORTING DOCUMENTS <i>[List]</i>	

PART 8: SIGNATURE AUTHORISING ASSIGNMENT OF OWNERSHIP	
(a) Full name	
(b) Signature	
(c) Official capacity of signatory	
(d) Date	[dd] [mm] [yy]
PART 9: DECLARATION	
<p>I.....(state name) of.....(address),..... (occupation), do solemnly and sincerely declare that (set out matter declared, using numbered paragraphs if it is lengthy):</p> <p>(a) ... (b) ...</p> <p>And I make this solemn declaration by virtue of the <i>Oaths, Affirmations and Statutory Declarations Act 1976</i> conscientiously believing in the statement contained therein to be true in every particular.</p> <p>Declared at.....this.....day of.....20.....</p> <p>Signed and declared by the authorised person:.....</p> <p>Full name:.....</p> <p>*Before:</p> <p>(Signature)</p> <p>(Title)</p> <p>NOTE: Any person making a false statement is guilty of an offence and is liable to imprisonment for 5 years.</p> <p><i>*A declaration can be witnessed by any of the following persons under Section 13 of the Oaths, Affirmations and Statutory Declarations Act 1976 a Judge, Registrar of the Courts, a Resident Magistrate, member of the Family Court, barrister and solicitor, notary public or Commissioner for oaths</i></p>	
Payment receipt number:.....	
OFFICIAL PURPOSES	
Received by:.....	
(Full name of officer)	
Date: / / 20.	Time: am / pm