

COMMONWEALTH OF DOMINICA
 MARKS, COLLECTIVE MARKS AND
 TRADE NAMES ACT NO. 12 OF 1999

Fees payable in terms of
 Schedule 1 to the Regulations

**STATEMENT OF VARIATION OR
 CANCELLATION OF LICENCE**
 In respect of application(s) and/or

**Registered mark(s)
 (Regulation 51 (b))**

OFFICIAL DATE STAMP

FOR OFFICIAL USE ONLY

Referred indication of registered owner/
 application and/or licensee¹

Referred indication of representative of
 Registered owner/applicant:

Licensee:

1. Statement

The registered owner(s)/applicant(s) and licensee(s) hereby state that the registration(s) and/or application(s) identified below is (are) the subject of a license.

2. Registration(s) and/or Application(s) concerned

The present statement concerns the following registration(s) and/or application(s):

2.1 Registration and/or application number(s):s

2.2 If the space under item 2.1 is not sufficient, check this box and provide the information on an additional sheet.

3. Registered Owner(s)/Applicant(s)

3.1 If registered owner/applicant is a natural person, the person's

- (a) family or principal name:²
- (b) given or secondary name(s):²

3.2 If the registered owner/applicant is a legal entity,

- (a) the entity's full official designation:
- (b) the legal nature of the legal entity:
- (c) the state, and, where applicable, the territorial unit within that State, under the law of which the legal entity is organized.

3.3 Address (including postal code and country):

Telephone number(s):³ Telefacsimile numbers(s)³ Email address:

- 3.4 Check this box if there is more than one registered owner/applicant; in that Case list the additional registered owners/applicants on a separate sheet and indicate, in respect of each of them, the data referred to in items 3.1 or 3.2 and 3.3.

4. Representative of Registered Owner(s)/Applicant(s)

- 4.1 Name:
- 4.2 Address (Including postal code and country):

Telephone number(s):⁴ Telefacsimile number(s):⁴ Email address:

- 4.3 Registration number, if registered with the Office:
- 4.4 Number allotted to the power of attorney:

5. Licensee

5.1 If the licensee is a natural person, the person's

- (a) family or principal name:
- (b) given or secondary name(s):

5.2 if the licensee is a legal entity,

- (a) the entity's full official designation:
- (b) the legal nature of the legal entity:
- (c) the state, and, where applicable, the territorial unit within that State, Under the law of which the legal entity organized:

5.3 Address (including postal code and country):

Telephone number(s)⁵: Telefacsimile number(s);⁵ Email address:

5.4 State of nationality of licensee:

5.5 State of domicile of the licensee:

5.6 State of real and effective industrial or commercial establishment of the licensee:

5.7 Check this box if there is more than one licensee; in that case, list each additional licensee on a separate sheet and indicate, in respect of each of them, the data referred to in items 5.1 to 5.6.

6. Representative of Licensee

6.1 Name

6.2 Address (Including Postal code and country):

Telephone number(s)⁶: Telefacsimile number(s):⁶ Email Address:

6.3 Registration of number, if registered with the Office:

6.4 Number allotted to the power of attorney:⁷

7. Goods and/or services for which the licensee is varied

The nature and scope of the variation is indicated on a separate sheet.

8. Kind of varied Licence ⁸

8.1 The varied licence is an exclusive licence.

8.2 The varied licence is a sole licence

8.3 The varied licence is a non-exclusive licence.

8.4 The varied licence concerns only the following part of the territory covered by the registration

9. Time period of licence ⁸

- 9.1 The varied licence is limited in time and granted from to.....
- 9.1.1 The varied licence is subject to automatic extension.
- 9.2 The varied licence is granted from an unlimited time.

10. Signatures ⁹

10.1 Signature(s) of the registered owner(s)/applicant(s):

- 10.1.1 Name of the registered owner/applicant or, if the registered owner/applicant is a legal entity, name of the person who acts on behalf of the registered owner/applicant:
- 10.1.2 Date of signature:
- 10.1.3 Signature:

10.2 Signature(s) of the licensee(s)

- 10.2.1 name of the licensee or, if the licensee is a legal entity, name of the person who acts on behalf of the licensee:
- 10.2.2 Date of signature:
- 10.2.3 Signature:

10.3 Signature of the representative of the registered owner(s)/applicant(s):

- 10.3.1 Name of the natural person who signs:
- 10.3.2 Date of Signature:
- 10.3.3 Signature:

10.4 Signature of the representative of the licensee(s):

- 10.4.1 Name of the natural person who signs:
- 10.4.2 Date of signature:
- 10.4.3 Signature:

11. Additional sheets

- Check this box if additional sheets are enclosed and indicate the total number of such sheets:

- ¹ Any reference indication allotted by the registered owner/applicant and/or licensee and/or any reference indication allotted by any of the representatives to the present request may be given in this page
- ² The names to be indicated under (a) and (b) are those which appear in the records of the office in respect of the registered owner/applicant of the registration(s)/applicant(s) to which the present request relates.
- ^{3,4} The registered owner/applicant or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where applicable) and such area code.
- ^{5,6} The registered owner/applicant or its representative has the option to refrain from providing such indications. Where they are given, they should include the country code (where applicable) and area code.
- ⁷ Leave blank if the power of attorney has not, or has not yet, been allotted a number or if the number is not known to the licensee or the representative.
- ⁸ Only required for variation of licence. Check the appropriate boxes.