**INTELLECTUAL PROPERTY CORPORATION OF MALAYSIA**

**TRADEMARKS ACT 2019**

**APPLICATION FOR RENEWAL OF REGISTRATION OF TRADEMARK AGENT**

Fee Code

**TMR3**

**5**

**Note**:

Please fill up all information require and attached related document if any.

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| --- | --- |
| 1 | **Nature of the agent.** Please select nature of applicant.  This request for renewal of registration of trademark agent is for:  Individual. Please provide all information.  Partnership and bodies corporate. Please skip item no. 5, 6 and 7 |
| 2 | **Details of the agent**   |  |  | | --- | --- | | **Name** |  | | **Agent No.** |  | |
| 3 | **Address and other information:** (Please mark off box which is applicable)  No change from the existing record  Different from the existing record  [Please fill up the box below. Fee of RM20 (Fee Code TMB4) will be charged to change name/address of the registered agent together with this request. Various changes can be made under one payment]   1. Principal address/place of business (mandatory):  |  | | --- | |  |  1. Address for correspondences to be recorded in the Register, if any:  |  | | --- | |  |  1. Telephone No:  |  | | --- | |  |  1. Email:  |  | | --- | |  | |
| 4 | **ADDITIONAL INFORMATION to accompany this docuent, if any:**   * **No** * **Yes, please specify:** |
| 5 | **Entitlement,** please mark off at least one:  a citizen of Malaysia  domiciled in Malaysia  a permanent resident of Malaysia |
| 6 | **Qualification:**  Please mark off at least one if the agent only practice as an agent for at least 2 years:  I am an advocate and solicitor and has not suspended from the Roll of Advocates and Solicitors  I am a Patent agent and has not been struck off from the Register of Patent Agents; or |
| 7 | **DECLARATION**  I, the undersigned, do hereby declare that,   1. all the information given above is true and correct; 2. will be practicing as a trademark agent in a business registered in Malaysia 3. am not an undischarged bankrupt; 4. have not been convicted of an offence involving fraud, dishonesty or any other offences under this Act; 5. have attended related courses or seminar in IP; and 6. have paid tax on my income in Malaysia (**proof of payment is as attached**).   Signature: ……………………………………………………………….  Name of signatory: ………………………………………………………………………………………………………..  Date: …………………………………………………………….  **Attention:**  **It is an offence under section 103 of the Trademarks Act 2019 to make or cause to be made a false entry to the Trademarks Office and that person may be liable to a fine not exceeding RM50,000 or to a term of imprisonment not exceeding 5 years or to both.** |
| 8 | **Signatory of the requestor**:  I, the undersigned, do hereby declare that,  i. I have been duly appointed and authorized to act on behalf of the partnership or bodies corporate which is filing this form;  ii. the information furnished above on behalf of the partnership or bodies corporate filing this form is true; and  iii. the partnership or bodies corporate paid tax on their income in Malaysia (proof of payment is as attached).  Signature: ……………………………………………………………….  Name of signatory: ………………………………………………………………………………………………………..  Official capacity of signatory: …………………….………………………………………..………………………..  (Examples: Authorized person, Director, Partner or Principal Officer of Applicant(s)/ Agent)  Date: …………………………………………………………….  **Attention:**  **It is an offence under section 103 of the Trademarks Act 2019 to make or cause to be made a false entry to the Trademarks Office and that person may be liable to a fine not exceeding RM50,000 or to a term of imprisonment not exceeding 5 years or to both.** |
| 9 | **CONFIDENTIALITY OF DOCUMENT (**Please tick off the box if applicable)  I want to apply for this document to be treated as confidential (Fee of RM 10 will be added to the application fee) |
| 10 | **SCANNING SHEET**  (Self-calculation of payment for scanning services)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | No | Name of Document | No of Page(s) | | Amount  (RM2 for each page) | | |  |  |  | |  | | |  |  |  | |  | | | TOTAL PAGES AND AMOUNT TO PAY | | |  | |  | |   If more space is necessary, tick off this box and use an additional sheet |
| 11 | **PAYMENT DETAILS** [Note: This will depend on the method of payment accepted.]  Cash  Cheque (Cheque No.)  FPX  Local Order (LO No.)  Credit Card  Other, please specify: |