

INDUSTRIAL DESIGNS ACT, 2001

APPLICATION TO REGISTER DETAILS OF AN ASSIGNMENT

1. Name and address of Current Proprietor(s):

Name	
Address	
Telephone	
Email	
Name	
Address	
Talanhana	
Telephone	
Email	
Should you req	uire additional space, an extra sheet may be used provided that it is attached to the form when filed.
2. Nam	e and Address of Assignee/New Proprietor(s):
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Name Address Telephone Email	e and Address of Assignee/New Proprietor(s):
Name Address Telephone Email	e and Address of Assignee/New Proprietor(s):
Name Address Telephone Email Name Address	e and Address of Assignee/New Proprietor(s):
Name Address Telephone Email	e and Address of Assignee/New Proprietor(s):

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Should	you require add	itional cases a	n ovtra ch	noot may bo I	sad provid	ad that it is a	ttached to t	o form who	n filod
oriouiu	you require add	monai space, a	II EXIIA SII	ieet may be t	isea provia	eu mai ii is a	itached to ti	ie ioiiii wiie	ir illed.
4.	Where the assigned:	Assignment	is in re	spect of an	y right ir	the Desig	n, please	describe	the right
5.	Name and obased (Pleas					rest of the	assignee	new prop	orietor is
	based (Pleas	e enclose orig	ginal or c	certified cop	y):				
	based (Pleas	e enclose orig	ginal or c	ertified cop	y):	ner qualified			
6. Name	Legal Repr Applicant (s) i	e enclose orig	ginal or c	ertified cop	y):	ner qualified			
5. Name	Legal Repr Applicant (s) i	e enclose orig	ginal or c	ertified cop	y):	ner qualified			
6. Name Address	Legal Repr Applicant (s) i	e enclose orig	ginal or c	ertified cop	y):	ner qualified			
6. Name Address Telepho Email Referen	Legal Repr Applicant (s) i	e enclose orig	ginal or c	ertified cop	y):	ner qualified			

is to be sent)								
	If different to address at 6							
Name								
Address								
Telephone								
Email								
Please tick i	f this address is to be recorded on the register as the address for service							
8. Method o	f Payment Tick only one box							
Credit Card (plea to make paymen	se ring Office directly t)							
Electronic Funds Transfer If you want to pay by Electronic Funds Transfer, our bank account details are as follows:								
Bank Sort Code:	95-19-90							
Bank Name:	Danske Bank							
Account Number:	80012459							
Account Name:	DJEI Patents Office EFT – Public Bank Account							
Reference:	Quote your name, Design number and fee item code D4(a)							
Swift/BIC Code:	DABAIE2D							
IBAN Number:	IE94DABA95199080012459							

Address for Service of Assignee/New Proprietor (within the EEA, to which all correspondence

7.

9. Check List

Items accompanying this application			
Original or Certified Copy of Document			
Number of Additional sheets if any accomp	panying the application		
Application Fee €60.00		€	
Fee for each additional mark €6.00 each		€	
Total fees		€	
Signature by or on behalf of Assignee/New Proprietor:			
Name and Status of Signatory:			
Date:			