

To: Department of Intellectual Property Rights  
Ministry of Commerce

**REQUEST FOR DUPLICATE OF  
MARK REGISTRATION CERTIFICATE(S)**

**1. Mark(s):**

**2. Class(es):**

**3. App. No(s):**

**4. Reg. No(s):**

**5. Name and Address of Applicant:**

**6. Name of Local Agent/Attorney and Address for Service:** \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of Signatory: \_\_\_\_\_

[Stamp]

Title: \_\_\_\_\_

Date: \_\_\_\_\_