

**PATENTS ACT, 1992**

**APPLICATION TO REGISTER DETAILS OF AN ASSIGNMENT/MERGER/ CHANGE OF PROPRIETORSHIP/CHANGE OF LEGAL STATUS UNDER SECTION 85**

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

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |
| Should you require additional space, an extra sheet may be used **provided** that it is attached to the form when filed. |

1. **Name and Address of Assignee/New Proprietor(s):**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |
| Should you require additional space, an extra sheet may be used **provided** that it is attached to the form when filed. |

1. **Patent Number(s):**

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| Should you require additional space, an extra sheet may be used **provided** that it is attached to the form when filed. |

1. **In the case of an assignment and where the assignment is in respect of any right in the Patent, please describe the right assigned:**

|  |
| --- |
|  |

1. **Name and date of the document on which the interest of the assignee/new proprietor is**

**based** (Please enclose original or certified copy):

|  |
| --- |
|  |

**6. Legal Representative** (Trade Mark Agent, Solicitor or other qualified person authorised to act on behalf of the Applicant (s) in all proceedings connected with this application)

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |
| Reference No.**(Optional)** |  |

 Please tick if this address is to be recorded on the register as the address for service

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

is to be sent)

|  |
| --- |
| **If different to address at 6** |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |

 Please tick if this address is to be recorded on the register as the address for service

1. **Method of Payment Tick only one box**

Credit Card (please ring Office directly

 to make payment)

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, patent number and fee item code PAT31 |
| Swift/BIC Code: | DABAIE2D  |
| IBAN Number:  | IE94DABA95199080012459 |

1. **Check List**

|  |
| --- |
| **Items accompanying this application**  |
|  |  |  |  |
| **Original or Certified Copy of Document** |  |  |  |
|  |  |  |  |
| **Number of Additional sheets if any accompanying the application** |  |  |  |
|  |  |  |  |
| **Application Fee €50.00**  | € |  |  |
|  |  |  |  |
| **Fee for each additional patent €6.00 each** | € |  |  |
|  |  |  |  |
| **Total fees**  | € |  |  |
|  |  |  |  |

**Signature by or on behalf of**

**Assignee/New Proprietor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Status of Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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