

MM19 (E) – REQUEST FOR THE RECORDING OF A RESTRICTION OF THE HOLDER’S RIGHT OF DISPOSAL

For use by the holder:

Holder’s reference:

For use by the Office of origin:

Office’s reference:

1. INTERNATIONAL REGISTRATION NUMBER(S)

This form may be used for **several** international registrations in the name of the **same** holder, provided that the Contracting Parties in respect of which the international registration is restricted is the **same** for **all** of the international registrations concerned.

2. NAME OF THE HOLDER¹

As recorded in the International Register.

¹ Where the international registration is **jointly owned** indicate the names of each joint holder as recorded in the international registration here.

3. DESIGNATION(S) CONCERNED

Check **either** (a) **or** (b).

(a) The restriction of the holder's right of disposal is to be recorded for all the designated Contracting Parties;

(b) The restriction of the holder's right of disposal is to be recorded for only some of the designated Contracting Parties. Indicate the designation(s) concerned, by checking the corresponding box(es) below:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> AE United Arab Emirates | <input type="checkbox"/> DZ Algeria | <input type="checkbox"/> KZ Kazakhstan | <input type="checkbox"/> RO Romania |
| <input type="checkbox"/> AF Afghanistan | <input type="checkbox"/> EE Estonia | <input type="checkbox"/> LA Lao People's Democratic Republic | <input type="checkbox"/> RS Serbia |
| <input type="checkbox"/> AG Antigua and Barbuda | <input type="checkbox"/> EG Egypt | <input type="checkbox"/> LI Liechtenstein | <input type="checkbox"/> RU Russian Federation |
| <input type="checkbox"/> AL Albania | <input type="checkbox"/> EM European Union ^b | <input type="checkbox"/> LR Liberia | <input type="checkbox"/> RW Rwanda |
| <input type="checkbox"/> AM Armenia | <input type="checkbox"/> ES Spain | <input type="checkbox"/> LS Lesotho | <input type="checkbox"/> SD Sudan |
| <input type="checkbox"/> AT Austria | <input type="checkbox"/> FI Finland | <input type="checkbox"/> LT Lithuania | <input type="checkbox"/> SE Sweden |
| <input type="checkbox"/> AU Australia | <input type="checkbox"/> FR France | <input type="checkbox"/> LV Latvia | <input type="checkbox"/> SG Singapore |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> GB United Kingdom ^e | <input type="checkbox"/> MA Morocco | <input type="checkbox"/> SI Slovenia |
| <input type="checkbox"/> BA Bosnia and Herzegovina | <input type="checkbox"/> GE Georgia | <input type="checkbox"/> MC Monaco | <input type="checkbox"/> SK Slovakia |
| <input type="checkbox"/> BG Bulgaria | <input type="checkbox"/> GG Guernsey ^f | <input type="checkbox"/> MD Republic of Moldova | <input type="checkbox"/> SL Sierra Leone |
| <input type="checkbox"/> BH Bahrain | <input type="checkbox"/> GH Ghana | <input type="checkbox"/> ME Montenegro | <input type="checkbox"/> SM San Marino |
| <input type="checkbox"/> BN Brunei Darussalam | <input type="checkbox"/> GM Gambia | <input type="checkbox"/> MG Madagascar | <input type="checkbox"/> ST Sao Tome and Principe |
| <input type="checkbox"/> BQ Bonaire, Saint Eustatius and Saba ^a | <input type="checkbox"/> GR Greece | <input type="checkbox"/> MK North Macedonia | <input type="checkbox"/> SX Sint Maarten (Dutch part) ^a |
| <input type="checkbox"/> BR Brazil | <input type="checkbox"/> HR Croatia | <input type="checkbox"/> MN Mongolia | <input type="checkbox"/> SY Syrian Arab Republic |
| <input type="checkbox"/> BT Bhutan | <input type="checkbox"/> HU Hungary | <input type="checkbox"/> MU Mauritius | <input type="checkbox"/> SZ Eswatini |
| <input type="checkbox"/> BW Botswana | <input type="checkbox"/> ID Indonesia | <input type="checkbox"/> MW Malawi | <input type="checkbox"/> TH Thailand |
| <input type="checkbox"/> BX Benelux ^d | <input type="checkbox"/> IE Ireland | <input type="checkbox"/> MX Mexico | <input type="checkbox"/> TJ Tajikistan |
| <input type="checkbox"/> BY Belarus | <input type="checkbox"/> IL Israel | <input type="checkbox"/> MY Malaysia | <input type="checkbox"/> TM Turkmenistan |
| <input type="checkbox"/> BZ Belize | <input type="checkbox"/> IN India | <input type="checkbox"/> MZ Mozambique | <input type="checkbox"/> TN Tunisia |
| <input type="checkbox"/> CA Canada | <input type="checkbox"/> IR Iran (Islamic Republic of) | <input type="checkbox"/> NA Namibia | <input type="checkbox"/> TR Türkiye |
| <input type="checkbox"/> CH Switzerland | <input type="checkbox"/> IS Iceland | <input type="checkbox"/> NO Norway | <input type="checkbox"/> TT Trinidad and Tobago |
| <input type="checkbox"/> CL Chile | <input type="checkbox"/> IT Italy | <input type="checkbox"/> NZ New Zealand | <input type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> CN China | <input type="checkbox"/> JM Jamaica | <input type="checkbox"/> OA African Intellectual Property Organization (OAPI) ^c | <input type="checkbox"/> US United States of America |
| <input type="checkbox"/> CO Colombia | <input type="checkbox"/> JP Japan | <input type="checkbox"/> OM Oman | <input type="checkbox"/> UZ Uzbekistan |
| <input type="checkbox"/> CU Cuba | <input type="checkbox"/> KE Kenya | <input type="checkbox"/> PH Philippines | <input type="checkbox"/> VN Viet Nam |
| <input type="checkbox"/> CV Cabo Verde | <input type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> PK Pakistan | <input type="checkbox"/> WS Samoa |
| <input type="checkbox"/> CW Curaçao ^a | <input type="checkbox"/> KH Cambodia | <input type="checkbox"/> PL Poland | <input type="checkbox"/> ZM Zambia |
| <input type="checkbox"/> CY Cyprus | <input type="checkbox"/> KP Democratic People's Republic of Korea | <input type="checkbox"/> PT Portugal | <input type="checkbox"/> ZW Zimbabwe |
| <input type="checkbox"/> CZ Czech Republic | <input type="checkbox"/> KR Republic of Korea | | |
| <input type="checkbox"/> DE Germany | | | |
| <input type="checkbox"/> DK Denmark | | | |

- a Territorial entity previously part of the former Netherlands Antilles.
- b The designation of the **European Union** covers its Member States (Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands (Kingdom of the), Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden).
- c The designation of the African Intellectual Property Organization (**OAPI**) covers the following Member States: Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Equatorial Guinea, Gabon, Guinea, Guinea-Bissau, Mali, Mauritania, Niger, Senegal, Togo.
- d The designation of **Benelux** covers the following States: Belgium, Luxembourg and Netherlands (Kingdom of the).
- e The designation of the **United Kingdom** covers England, Wales, Scotland, Northern Ireland, the British Overseas Territory of the Falkland Islands (Malvinas) and Gibraltar, as well as the two British Crown Dependencies of the Isle of Man and Jersey (see Information Notices No. [38/2015](#) and [77/2020](#)).
- f The Bailiwick of **Guernsey** is a self-governing British Crown Dependency (see Information Notice No. [77/2020](#)).

4. SUMMARY STATEMENT OF THE MAIN FACTS CONCERNING THE RESTRICTION

Provide a brief summary of the main facts concerning the restriction below (for example, *“As a result of [an agreement, a court order, etc.] between the holder and [the party restricting the holder’s right of disposal], dated [day/month/year], the holder’s right of disposal of the international registration(s) as indicated in item 1, has been restricted in the Contracting Party(ies) as indicated in item 3”*).

5. SIGNATURE OF THE HOLDER AND/OR THEIR REPRESENTATIVE

Holder (as recorded in the International Register):

By signing this form, I declare that I am entitled to sign it under the applicable law.

Name:	
Signature:	

Representative of the holder (as recorded in the International Register):

By signing this form, I declare that I am entitled to sign it under the applicable law.

Name:	
Signature:	

6. SIGNATURE OF THE OFFICE PRESENTING THE REQUEST

Where this request is presented through an Office.

(a) Name of the Office:

--

(b) Name and signature of the official signing on behalf of the Office:

By signing this form, I declare that I am entitled to sign it under the applicable law.

--

(c) E-mail address of the contact person in the Office:

--