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| MM8(E)  MADRID AGREEMENT AND PROTOCOL CONCERNING THE  INTERNATIONAL REGISTRATION OF MARKS  **REQUEST FOR THE RECORDING OF A**  **CANCELLATION OF THE INTERNATIONAL REGISTRATION**  (Rule 25 of the Common Regulations)  **IMPORTANT**  1. This request can be presented directly to the International Bureau or through the Office of the Contracting Party of the holder.  2. If the present request relates to a **total cancellation**, as provided for in item 4(a), this form may be used for **several** international registrations in the name of the same holder. However, if the present request relates to a **partial cancellation** instead, as provided for in item 4(b), this form may only be used to request the cancellation of a **single** international registration.  3. This request must relate to all the designated Contracting Parties covered by the international registration; where the holder wishes to renounce the protection of the international registration in respect of **one or more but not all** of the designated Contracting Parties for **all** the goods and services, a request for the recording of a **renunciation** must be presented instead (form MM7).  4. This request may relate to all or to some of the goods and services covered by the international registration. The effect of a partial cancellation is that the goods and services concerned are permanently removed from the International Register, so that they can no longer be the subject of a subsequent designation and are not taken into account for the purposes of the calculation of the supplementary fees at the time of renewal. If the effect sought is that some of the goods and services covered by the international registration should no longer be protected in any of the Contracting Parties designated, but that it should be possible for such goods and services to be the subject of a subsequent designation, the recording of a **limitation** should be requested instead (form MM6).  **This cover page must not be sent to the International Bureau.**   |  |  | | --- | --- | | **Madrid System – Contacts**  Madrid Customer Service opening hours:  Monday – Friday, 9:00 a.m. to 6:00 p.m. (Geneva time)  Telephone: **+ 41 22 338 86 86**  Inquiries / submitting forms: [**http://www.wipo.int/madrid/en/contact/**](http://www.wipo.int/madrid/en/contact/) | **Mailing address**  Madrid Operations Division  Madrid Registry  Brands and Designs Sector  World Intellectual Property Organization (WIPO)  34, Chemin des Colombettes  1211 Geneva 20  Switzerland | |

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| MM8(E)  REQUEST FOR THE RECORDING OF A  CANCELLATION OF THE INTERNATIONAL REGISTRATION | |
| For use by the holder  This request contains the following number of continuation sheets:    Holder’s reference: | For use by the Office  Office’s reference: |
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| **INTERNATIONAL REGISTRATION NUMBER(S)** (this form may be used for several international registrations, provided that all registrations concerned are the subject of a total cancellation, as provided for in item 4(a))      **1** | |
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| **NAME OF THE HOLDER**  (as recorded in the International Register)    **2** | |
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| **APPOINTMENT OF A (NEW) REPRESENTATIVE**  (only complete this item if you are appointing a (new) representative)  **3**  Name:  Address:            Telephone: Fax:  E-mail address:  By providing an e-mail address, any further correspondence from the International Bureau related to this/these international registration(s) will be sent only electronically and, **therefore, you will no longer receive any paper correspondence**. Likewise, any further correspondence from the International Bureau related to other international applications or international registrations for which the same e‑mail address has been, or will be, provided will also be sent only electronically.  Please note that, for the purpose of electronic communication, there can be only one e-mail address recorded per each international registration.  SIGNATURE OF THE HOLDER APPOINTING THE ABOVE (NEW) REPRESENTATIVE | |
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| **GOODS AND SERVICES**  (check either (a) or (b))  **4**  (a)  TOTAL CANCELLATION (the cancellation is to be recorded for **all** goods and services covered by the international registration(s) indicated in item 1),  **or**  (b)  PARTIAL CANCELLATION (the cancellation affects only some of the goods and services covered by the international registration(s) indicated in item 1)  ***NOTE:*** *Any class, covered by said registration(s), which is not mentioned below remains as recorded in the International Register.*  **You can find indications that are pre-accepted by the International Bureau in the Madrid Goods & Services Manager (MGS) at** [**www.wipo.int/mgs/**](http://www.wipo.int/mgs/).  **Please make consistent use of a semicolon (;) to clearly specify the goods and services indications in your list, e.g.:**  **09 Scientific, optical and electronic apparatus and instruments; screens for photoengraving; computers.**  **35 Advertising; compilation of statistics; commercial information agencies.**  **Please use font “Courier New” or “Times New Roman”, size 12 pt, or above.**   1. **Entire class(es)**, if any, to be cancelled (specify only the number(s) of the class(es) concerned), and/or            1. If the cancellation affects **only some of the goods and services** in a given class, please provide below the relevant class number and the complete new list of goods and services. This new list will replace the currently recorded list for such class in the International Register (in other words, do not just indicate the goods or services that you wish to delete from the currently recorded list):   If the space provided above is not sufficient, check the box and use a continuation sheet | |
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| **SIGNATURE BY THE HOLDER AND/OR HIS REPRESENTATIVE**  Holder Representative of the holder  (as recorded in the International Register) (as recorded in the International Register or herein appointed)  *By signing this form, I declare that I am entitled to By signing this form, I declare that I am entitled to  sign it under the applicable law: sign it under the applicable law:*  Name: Name:  Signature: Signature:  **5** | |
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| **OFFICE OF THE CONTRACTING PARTY OF THE HOLDER PRESENTING THE REQUEST**  (where this request is presented through an Office)  Name of the Office:  **6**    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:*      Name and e-mail address of the contact person in the Office: | |

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| **CONTINUATION SHEET** | No: .......... of .......... |
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