

**INTELLECTUAL PROPERTY CORPORATION OF MALAYSIA  
GEOGRAPHICAL INDICATION ACT 2022  
APPLICATION FOR RESTORATION OF  
REMOVED REGISTRATION OF GEOGRAPHICAL INDICATION**

<b>1</b>	<b>REGISTRATION NO:</b>									
<b>2</b>	<b>CLASS TO BE RENEWED</b>									
<b>3</b>	<p><b>ADDITIONAL REQUIREMENT FOR RENEWAL OF REMOVED REGISTRATION OF GEOGRAPHICAL INDICATION BASED ON A GEOGRAPHICAL INDICATION PROTECTED IN ITS COUNTRY OR TERRITORY OF ORIGIN:</b></p> <p><input type="checkbox"/> I attached with this form, a copy of certificate or other supporting document to prove that the protection for the geographical indication exists in its country or territory of origin.</p>									
<b>4</b>	<p><b>NAME OF REGISTERED PROPRIETOR</b> (Please tick the box where applicable)</p> <p><input type="checkbox"/> No change from the existing Register</p> <p><input type="checkbox"/> Different from the existing Register</p> <p>[Please fill up the box below. Fee of RM30 (Fee Code GIA3) will be charged to change name of the Registered Proprietor together with this request. Various changes can be made under one payment]</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>									
<b>5</b>	<p><b>ADDRESS OF REGISTERED PROPRIETOR</b> (Please tick the box where applicable)</p> <p><input type="checkbox"/> No change from the existing Register</p> <p><input type="checkbox"/> Different from the existing Register</p> <p>[Please fill up the box below. Fee of RM30 (Fee Code GIA3) will be charged to change address of the Registered Proprietor together with this request. Various changes can be made under one payment]</p> <div style="border: 1px solid black; padding: 5px;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>Postcode:</b> <span style="margin-left: 150px;"><b>Town:</b></span></p> <p><b>State/Country:</b></p> </div>									
<b>6</b>	<p><b>AGENT</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a</td> <td style="width: 30%;">Name:</td> <td style="width: 65%;"></td> </tr> <tr> <td style="text-align: center;">b</td> <td>Agent Code</td> <td></td> </tr> <tr> <td style="text-align: center;">c</td> <td>Agent's Reference</td> <td></td> </tr> </table> <p>Note: Fee of RM30 (Fee Code GIA27) will be charged if the agent is newly appointed</p>	a	Name:		b	Agent Code		c	Agent's Reference	
a	Name:									
b	Agent Code									
c	Agent's Reference									

<b>7</b>	<p><b>ADDRESS FOR SERVICE OF THE REGISTERED PROPRIETOR</b> (Please mark off box which is applicable)</p> <p><input type="checkbox"/> No change from the existing Register</p> <p><input type="checkbox"/> Different from the existing Register</p> <p>[Please fill up the box below. Fee of RM30 (Fee Code GIA27) will be charged for this request]</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 20px;"> </td> </tr> <tr> <td style="height: 20px;"> </td> </tr> <tr> <td> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>Postcode:</b></td> <td style="width: 50%; border: none;"><b>Town:</b></td> </tr> <tr> <td colspan="2" style="border: none;"><b>State/Country:</b></td> </tr> </table> </td> </tr> </table>			<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>Postcode:</b></td> <td style="width: 50%; border: none;"><b>Town:</b></td> </tr> <tr> <td colspan="2" style="border: none;"><b>State/Country:</b></td> </tr> </table>	<b>Postcode:</b>	<b>Town:</b>	<b>State/Country:</b>	
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<b>Postcode:</b>	<b>Town:</b>							
<b>State/Country:</b>								

<b>8</b>	<p><b>DECLARATION AND SIGNATURE</b></p> <p><input type="checkbox"/> <b><u>By Person Filing the Form</u></b></p> <p>I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge.</p> <p><input type="checkbox"/> <b><u>By Agent</u></b> (An agent signing this Form on behalf of the person filing this form shall satisfy himself as to the truth of the declaration)</p> <p>I, the undersigned, do hereby declare that:</p> <p style="margin-left: 20px;">i I have been duly appointed and authorized to act as an agent on behalf of the person(s) filing this form.</p> <p style="margin-left: 20px;">ii the information furnished above on behalf of the person(s) filing this form is true to the best of the applicant(s)' knowledge.</p> <p>Signature: .....</p> <p>Name of signatory: .....</p> <p>Official capacity of signatory: .....</p> <p style="margin-left: 40px;">(Examples: Authorized person, Director, Principal Officer of Applicant(s)/ Agent)</p> <p>Date: .....</p> <p><b>Attention:</b></p> <p><b>It is an offence under section 36 of the Geographical Indications Act 2022 to submits or causes to be submitted or makes a false entry to the Geographical Indications Office and that person may be liable to a fine not exceeding RM50,000 or to imprisonment for a term not exceeding 5 years or to both.</b></p>
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<b>9</b>	<p><b>SCANNING SHEET</b></p> <p>(Self-calculation for payment of scanning services)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">No</th> <th style="width: 55%;">Name of Document</th> <th style="width: 15%;">No of Page(s)</th> <th style="width: 20%;">Amount (RM2 for each page)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="2">TOTAL PAGES AND AMOUNT TO PAY</td> <td> </td> <td> </td> </tr> </tbody> </table> <p><input type="checkbox"/> If more space is necessary, mark off this box and use an additional sheet</p>			No	Name of Document	No of Page(s)	Amount (RM2 for each page)									TOTAL PAGES AND AMOUNT TO PAY			
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<b>10</b>	<p><b>PAYMENT DETAILS</b> [Note: This will depend on the method of payment accepted.]</p> <p> <input type="checkbox"/> Cash                      <input type="checkbox"/> Cheque (Cheque No.)                      <input style="width: 150px; height: 20px;" type="text"/> </p> <p> <input type="checkbox"/> Credit Card                      <input type="checkbox"/> Local Order (LO No.)                      <input style="width: 150px; height: 20px;" type="text"/> </p> <p> <input type="checkbox"/> Other, please specify                      <input style="width: 150px; height: 20px;" type="text"/> </p>																		