

Payment Code

E1 – E3

**INTELLECTUAL PROPERTY CORPORATION OF MALAYSIA
TRADEMARKS ACT 2019
RENEWAL OR LATE RENEWAL OR RESTORATION**

Note:

- Please fill up all information require and attached related document if any.
- Fee for this request is for one class. Please indicate number of classes requested

1	Type of renewal:	
	<input type="checkbox"/> Renewal (before expiry) (TME1) <input type="checkbox"/> Request for late renewal (Renewal + surcharge) (TME2) <input type="checkbox"/> Request for restoration (Renewal + restoration) (TME3)	
2	Registration No:	
3	Class(es) to be renewed	<input type="checkbox"/> All classes <input type="checkbox"/> Class(es) as specified below: <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>
4	Name of Registered Proprietor (Please mark off box which is applicable)	
	<input type="checkbox"/> No change from the existing register <input type="checkbox"/> Different from the existing register [Please fill up the box below. Fee of RM20 (Fee Code TMB4) will be charged to change name of the Registered Proprietor together with this request. Various changes can be made under one payment] <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	
5	Address of Registered Proprietor (Please mark off box which is applicable)	
	<input type="checkbox"/> No change from the existing register <input type="checkbox"/> Different from the existing register [Please fill up the box below. Fee of RM20 (Fee Code TMB4) will be charged to change address of the Registered Proprietor together with this request. Various changes can be made under one payment] <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"> Postcode: Town: </div> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;">State/Country:</div>	
6	Agent	
	a	Name:
	b	Agent Code (if known)
	c	Agent's Reference
	<p>Note: Fee of RM20 (Fee Code TMR7) will be charged if the agent is newly appointed</p>	

7	<p>Address for Service of the Registered Proprietor (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 RM20 (Fee Code TMR7) 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 style="width: 50%;">Postcode:</td> <td style="width: 50%;">Town:</td> </tr> <tr> <td colspan="2">State/Country:</td> </tr> </table>			Postcode:	Town:	State/Country:	
Postcode:	Town:						
State/Country:							

8	<p>DECLARATION AND SIGNATURE</p> <p><input type="checkbox"/> <u>By Person Filing the Form</u></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"/> <u>By Agent</u> (An agent signing this Form on behalf of the applicant 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, Partner or Principal Officer of Applicant(s)/ Agent)</p> <p>Date:</p> <p>Attention:</p> <p>It is an offence under section 103 of the Trademark Act 2019 to make or cause to be made a false entry to the Trademark Office and that person may be liable to a fine not exceeding RM50,000 or a term of imprisonment not exceeding 5 years or to both.</p>
---	--

9	<p>Confidentiality of Document</p> <p>(Please mark off the box if applicable)</p> <p><input type="checkbox"/> I want to apply for this document to be treated as confidential (Fee of RM 10 will be added to the application fee)</p>
---	--

10	<p>Scanning Sheet</p> <p>(Self-calculation for payment of scanning services)</p> <table border="1" data-bbox="261 243 1433 411"> <thead> <tr> <th data-bbox="261 243 355 306">No</th> <th data-bbox="355 243 1015 306">Name of Document</th> <th data-bbox="1015 243 1159 306">No of Page(s)</th> <th data-bbox="1159 243 1433 306">Amount (RM2 for each page)</th> </tr> </thead> <tbody> <tr> <td data-bbox="261 306 355 338"></td> <td data-bbox="355 306 1015 338"></td> <td data-bbox="1015 306 1159 338"></td> <td data-bbox="1159 306 1433 338"></td> </tr> <tr> <td data-bbox="261 338 355 369"></td> <td data-bbox="355 338 1015 369"></td> <td data-bbox="1015 338 1159 369"></td> <td data-bbox="1159 338 1433 369"></td> </tr> <tr> <td colspan="2" data-bbox="261 369 1015 411">TOTAL PAGES AND AMOUNT TO PAY</td> <td data-bbox="1015 369 1159 411"></td> <td data-bbox="1159 369 1433 411"></td> </tr> </tbody> </table> <p data-bbox="261 468 1105 499"><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			
No	Name of Document	No of Page(s)	Amount (RM2 for each page)														
TOTAL PAGES AND AMOUNT TO PAY																	
11	<p>PAYMENT DETAILS [Note: This will depend on the method of payment accepted.]</p> <table data-bbox="293 600 1425 768"> <tr> <td data-bbox="293 600 532 646"><input type="checkbox"/> Cash</td> <td data-bbox="532 600 932 646"><input type="checkbox"/> Cheque (Cheque No.)</td> <td data-bbox="932 600 1425 646"></td> </tr> <tr> <td data-bbox="293 646 532 693"><input type="checkbox"/> FPX</td> <td data-bbox="532 646 932 693"><input type="checkbox"/> Local Order (LO No.)</td> <td data-bbox="932 646 1425 693"></td> </tr> <tr> <td data-bbox="293 693 532 768"><input type="checkbox"/> Credit Card</td> <td data-bbox="532 693 932 768"><input type="checkbox"/> Other, please specify:</td> <td data-bbox="932 693 1425 768"></td> </tr> </table>	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque (Cheque No.)		<input type="checkbox"/> FPX	<input type="checkbox"/> Local Order (LO No.)		<input type="checkbox"/> Credit Card	<input type="checkbox"/> Other, please specify:								
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque (Cheque No.)																
<input type="checkbox"/> FPX	<input type="checkbox"/> Local Order (LO No.)																
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Other, please specify:																