Vanuatu Intellectual Property Office Ministry of Trade, Tourism & Industry	ASSI	GN M	uatu Designs Act N IENT AND TRA APPLICATION	ANSMISSI		
APPLICANT S INFORMATION (PLEASE TICK	A BOX TH	AT COF	RESPOND STO Y	OUR APPLICA	ΓION)	
THIS IS AN APPLICATI ON FOR THE:						
ASSIGNMENT OF A PATE NT APPLICATION BY TH E APPLICANT OR ASSIGNMENT OF A PATE NT BY THE OWNER						
I.APPLICANT(S)						
Name of applicant:						
Address (can be a PO Box):						
Nationality:	Tele	phone N	lumber:		Fax Number:	
Country (<i>if not in Vanuatu</i>):	Stat	:e:			ZIP Code:	
Email:	Tele	phone N	lumber:			
II. ADDRESS FOR SERVICE OF DOCUMENTS IN	I VANU	ATU (c	an be a PO Box)			
Address:						
State:				ZIP Coc	le:	
III. AGENT DETAILS (only complete if represe	ented by a	n authori	ized agent)			
Name:						
Current address:						
State:				ZIP Cod	le:	
Phone: ()			E-mail:	211 000		
Fax: ()	Mol	oile: (
IV. PARTICULARS OF THE P ATENT TO BE ASSIGNED BY THE APPLICANT						
V. PARTICULARS O F THE PATENT TO BE A SSIGNED BY THE OWNER						

	SIGNATURE OF	THE APPLICANT	OF THE PATENT	APPLICATION:
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SIGNATURE OF ASSIGNEEE (PERSON RECEIVING THE PATENT APPLICATION):

SIGNATURE OF THE OWNER OF THE PATENT:

SIGNATURE OF ASSIGNEEE (PERSON RECEIVING THE PATENT):

DATE:

OFFICIAL USE					
APPLICATION RECIEVED ON:	EXAMINED BY REGISTRAR:				
COMMENTS:					