

INTELLECTUAL PROPERTY CORPORATION OF MALAYSIA
GEOGRAPHICAL INDICATIONS ACT 2022
APPLICATION FOR VOLUNTARY CANCELLATION OF REGISTERED GEOGRAPHICAL INDICATION

1	REGISTRATION NO.						
2	CLASS						
3	<p>APPLICATION FOR VOLUNTARY CANCELLATION: I hereby request that an entry in the Register, (Please tick the box where applicable)</p> <p> <input type="checkbox"/> Be cancelled (as a whole); or <input type="checkbox"/> Be cancelled in relation to certain goods in the following manner: </p>						
4	<p>DECLARATION OF THE REGISTERED PROPRIETOR:</p> <p> <input type="checkbox"/> I, as the registered proprietor, had informed all the person having the rights to this registered geographical indication of this voluntary cancellation and that person had consented to this voluntary cancellation of the registered geographical indication. <input type="checkbox"/> I, as the registered proprietor, declare that this registered geographical indication has no pending transfer. </p>						
5	<p>NAME OF REGISTERED PROPRIETOR (Please tick the box where applicable)</p> <p> <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 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: 30px; width: 100%; margin-top: 5px;"></div>						
6	<p>ADDRESS OF REGISTERED PROPRIETOR (Please tick the box where applicable)</p> <p> <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 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> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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" style="height: 20px;">State/Country:</td></tr> </table>			Postcode:	Town:	State/Country:	
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State/Country:							

7		AGENT	<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											
8		ADDRESS FOR SERVICE OF THE REGISTERED PROPRIETOR (Please tick the box where 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 RM30 (Fee Code GIA27) will be charged for this request] <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> <div style="display: flex; justify-content: space-between;"> Postcode: Town: </div> </td> </tr> <tr> <td>State/Country:</td> </tr> </table>			<div style="display: flex; justify-content: space-between;"> Postcode: Town: </div>	State/Country:						
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State/Country:												
9		DECLARATION AND SIGNATURE Declaration: <input type="checkbox"/> <u>By Person Filing the Form</u> I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge. <input type="checkbox"/> <u>By Agent</u> (An agent signing this form on behalf of the applicant/registered proprietor shall satisfy himself as to the truth of the declaration) I, the undersigned, do hereby declare that: i I have been duly authorized to act as an agent on behalf of the person(s) filing this form. ii <u> </u> The information furnished above on behalf of the person(s) filing this form is true to the best of the person(s)' knowledge. Signature: _____ Name of signatory: _____ Official capacity of signatory: _____ (Examples: Authorized person, Director, Principal Officer of Person(s) filing the form/ Agent) Date: _____ Attention: 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.										

10	SCANNING SHEET (Self-calculation for payment of scanning services) <table border="1" data-bbox="310 235 1477 445"> <thead> <tr> <th data-bbox="310 235 402 336">No</th> <th data-bbox="402 235 1166 336">Name of Document</th> <th data-bbox="1166 235 1284 336">No of Page(s)</th> <th data-bbox="1284 235 1477 336">Amount (RM2 for each page)</th> </tr> </thead> <tbody> <tr> <td data-bbox="310 336 402 373"></td> <td data-bbox="402 336 1166 373"></td> <td data-bbox="1166 336 1284 373"></td> <td data-bbox="1284 336 1477 373"></td> </tr> <tr> <td data-bbox="310 373 402 411"></td> <td data-bbox="402 373 1166 411"></td> <td data-bbox="1166 373 1284 411"></td> <td data-bbox="1284 373 1477 411"></td> </tr> <tr> <td colspan="2" data-bbox="310 411 1166 445">TOTAL PAGES AND AMOUNT TO PAY</td> <td data-bbox="1166 411 1284 445"></td> <td data-bbox="1284 411 1477 445"></td> </tr> </tbody> </table> <div data-bbox="310 478 1166 512"> <input type="checkbox"/> If more space is necessary, mark off this box and use an additional sheet </div>				No	Name of Document	No of Page(s)	Amount (RM2 for each page)									TOTAL PAGES AND AMOUNT TO PAY			
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11	PAYMENT DETAILS [Note: This will depend on the method of payment accepted.] <div data-bbox="347 638 867 768"> <div> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque (Cheque No.) </div> <div> <input type="checkbox"/> Credit Card <input type="checkbox"/> Local Order (LO No.) </div> <div> <input type="checkbox"/> Other, please specify </div> </div> <div data-bbox="987 625 1477 789"> <div></div> <div></div> <div></div> </div>																			