

### Form TM12R Request to divide a registered trade mark

### No Fee

**Use this form** to divide a registration. Where the registration is under an application for cancellation the unchallenged goods or services may be transferred to a divisional case.

**Note:** You cannot use this form to divide a series of marks. You cannot use this form to divide an application. A Form TM12 (with £100 fee) is required for that purpose.

1.	Trade mark number	
2.	Full name of owner	
3.	Full name Person making this request	
	Address	
		Postcode
4.	Interest in the trade mark Tick one of the options	Recorded Owner
		Deconded Depresentative for the Owner

Recorded Representative for the Owner
Other (Please specify)

#### 5. Tell us below the class number and the list of goods or services to be transferred to the divisional case. Use a continuation sheet if necessary

Class number	List of goods and services

Date         Your reference         Complete if you would like us to quote this in communications with you, otherwise leave blank		
Signature   This can be typed or handwritten.   Name   (BLOCK CAPITALS)    Date   Your reference  Complete if you would like us to quote this in communications with you, otherwise leave blank	Class Number	List of goods and services
Signature   This can be typed or handwritten.   Name   (BLOCK CAPITALS)    Date   Your reference  Complete if you would like us to quote this in communications with you, otherwise leave blank		
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Signature   This can be typed or handwritten.   Name   (BLOCK CAPITALS)    Date   Your reference  Complete if you would like us to quote this in communications with you, otherwise leave blank	Number of continuation abo	
This can be typed or handwritten.         Name (BLOCK CAPITALS)         Date         Your reference Complete if you would like us to quote this in communications with you, otherwise leave blank		
Name (BLOCK CAPITALS)         Date         Vour reference Complete if you would like us to quote this in communications with you, otherwise leave blank	Signature This can be typed or handwritten	
(BLOCK CAPITALS) Date Your reference Complete if you would like us to quote this in communications with you, otherwise leave blank		
Your reference       Complete if you would like us to quote this in communications with you, otherwise leave blank	(BLOCK CAPITALS)	
Your reference       Complete if you would like us to quote this in communications with you, otherwise leave blank	Date	
Complete if you would like us to quote this in communications with you, otherwise leave blank	Duit	
communications with you, otherwise leave blank	Your reference	
	Complete if you would like us to qu	ote this in
Contact details	Contact details	
Name, daytime telephone number of the person		of the person

## Before you send us your form

### Make sure you have:



Answered questions 1 - 7.

Provided the trade mark number at question 1.

Provided a signature and date at question 6. This can be typed or handwritten.

# **Email your completed PDF form to:** forms@ipo.gov.uk

If you cannot email us your form, you can print and post your form to: Intellectual Property Office, Concept House, Cardiff Road, Newport, South Wales, NP10 8QQ.

### Please note: It takes longer to process paper forms sent by post.

Data Privacy: https://www.gov.uk/government/publications/intellectual-property-office-privacy-notices/privacy-notice-for-personal-data-processedfor-the-administration-of-ip-rights