

GS1 Company Prefix Transfer Request Form

Use this form to initiate a transfer of the GS1 Company Prefix(es) licensed by GS1 US, Inc., in the event of the sale of a business, the sale of a business line, or the merger with another company.

There are no fees associated with transferring a GS1 Company Prefix(es).

Step	Instructions	
1	Complete this form by filling in the fields on the next page to begin a request for a GS1 Company Prefix(es) transfer request in the event of the sale of a business, the sale of a business line, or the merger with another company.	
	The <u>GS1 US Prefix Release letter</u> to be submitted along with this form is available via our <u>Merger &</u> Acquisitions page.	
2	If the Release Letter from an authorized officer of the seller cannot be obtained, an Identifier can still be transferred if GS1 US receives appropriate supporting legal documentation, in its entirety, evidencing the transaction for review.	
	Companies that have regulated healthcare products should notify the U.S. FDA of any change in name or ownership. This notification is the responsibility of the company not GS1 US, Inc.	
3	Please use full legal company name when filling out all forms and letter. Refrain from the use of a DBA (doing business as), assumed company name, or fictitious company name.	
4	Submit the request to: Email: <u>dmaintenance@gs1us.org</u> Mail: GS1 US, Inc., 7887 Washington Village Drive, Suite 300, Dayton, Ohio 45459	
5	Submitting this form does not guarantee completion of the transfer request. Each request is unique and in some <u>cases</u> may take additional time to review and/or additional documentation.	
6	For assistance completing this form, contact the GS1 US Business Support Services Team at <u>dmaintenance@gs1us.org</u> or +1 937.435.3870.	

GS1 Company Prefix Transfer Request Form

List the Company Prefixes That Need to Be Transferred			
GS1 Company Prefix Number(s)	Legal Company Name the Prefix Is Currently Registered to (Please do not use DBAs or assumed name)		

Information on the Acquiring Company (i.e., Company the prefix will be transferred to) Legal Company Name the Prefix is being transferred to **Business Address** City State: Zip: Country: Company Telephone Last Name: Suffix: **Primary or Duly** First Name: **Authorized Officer** Title Email **Business Address** City State: Zip: Country: Telephone **Billing Contact** First Name: Last Name: Suffix: Title Email **Business Address** City State: Zip: Country: Telephone

I understand that upon receiving approval of this prefix transfer request, all associated identifiers (GTINs and GLNs) will also be transferred. I further understand that upon accepting terms and conditions of the GS1 US Data Hub* Use and Access Agreement, my access to the transferred identifiers is subject to said Agreement.

I declare and affirm that the statements made herein are true and correct to the best of my knowledge, information, and belief.

Name of person completing this form

Company Name

Title

Email

Telephone