



### REQUEST FOR TRADEMARK REGISTRATION

Filled by the person authorised by the PTO

Application number: (210)	PTO Docket No.:
Application date: (220)	Date:

Filled by an applicant

<b>1. CASE REFERENCE NUMBER</b>	
<b>2. APPLICANT (732)</b> Applicant: Address: Tel: Fax: E-mail:	
<b>3. AGENT (740)</b> Surname and name (legal entity): Agent Reg. No.:	
<b>4. COLECTIVE AGENT:</b>	
<b>5. Information on Trademarks (550)</b> a) <input type="checkbox"/> Individual Trademark <input type="checkbox"/> Collective Trademark <input type="checkbox"/> Warranty Trademark i) Trademark Appearance (540) b) <input type="checkbox"/> Three-dimensional Trademark c) <input type="checkbox"/> Figurative Trademark d) <input type="checkbox"/> Word Trademark (541) e) Colour Claim: (591) f) Transliteration and transcription of the trademark (561) g) Trademark description: (571) h) Disclaimer (526)	
<b>6. ENTER NUMBERS OF THE CLASSES ACCORDING TO THE NICE CLASSIFICATION OF THE GOODS AND/OR SERVICES (511)</b>	



<b>CASE REFERENCE NUMBER (same as in no. 1)</b>			
<b>7. REQUESTED PRIORITY:</b>			<b>(230,300)</b>
<b>8. PAID TAXES AND COSTS OF PROCEEDINGS</b>			
<b>ADMINISTRATIVE TAXES</b>		<b>SPECIAL COSTS OF THE PROCEEDINGS</b>	
Basic tax:	KM	Basic costs:	KM
Additional tax, for more then 3 classes:	KM	Additional costs, for more then 3 classes:	KM
TOTAL:	KM	TOTAL:	KM
<b>9. CONTACT ADDRESS</b>			<b>(750)</b>
Name:			
Address:			
Tel:		Fax:	E-mail:
<b>10. ATTACHMENT WITH THE REQUEST</b>			
<input type="checkbox"/>	2 copies of the black and white representation of the trademark	<input type="checkbox"/>	General Regulation on Collective Trademark
<input type="checkbox"/>	2 copies of the colour representation of the trademark	<input type="checkbox"/>	General Regulation on Warranty Trademark
<input type="checkbox"/>	2 copies of the list of goods and / or services	<input type="checkbox"/>	Priority documents
<input type="checkbox"/>	2 copies of the different projections views for the three-dimensional trademark that completely define that trademark	<input type="checkbox"/>	Proof of payment of the administrative fees
<input type="checkbox"/>	Power of Attorney	<input type="checkbox"/>	Proof of payment of the special costs of the proceedings
<input type="checkbox"/>	General Power of Attorney filed with the Institute at an earlier date	<input type="checkbox"/>	Disclaimer Statement

Stamp and/or signature of the applicant

ATTESTED BY THE INSTITUTE