

INSTRUCTIONS FOR A NEW TRADEMARK APPLICATION

Your reference: Our reference:

Trademark:

1. TYPE OF FILING

- Benelux
- Benelux application with accelerated search
- Community
- International: countries:
- National: countries:

2. TYPE OF TRADEMARK

- Word trademark
- Device trademark
(In case of a device trademark we kindly ask you to send us 5 copies of the trademark by post (no Xerox copies) or by e-mail (jpg-file), minimum dimensions 1,5 x 1,5 cm and maximum dimensions 8 x 8 cm)
 - Device trademark in black/white
 - Device trademark in colour, colours:

3. CLASSES

Please give below a description of the type of products and/or services that should be protected:

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or in which classes you wish to file the trademark:

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|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 | <input type="checkbox"/> 11 | <input type="checkbox"/> 16 | <input type="checkbox"/> 21 | <input type="checkbox"/> 26 | <input type="checkbox"/> 31 | <input type="checkbox"/> 36 | <input type="checkbox"/> 41 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 | <input type="checkbox"/> 22 | <input type="checkbox"/> 27 | <input type="checkbox"/> 32 | <input type="checkbox"/> 37 | <input type="checkbox"/> 42 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | <input type="checkbox"/> 13 | <input type="checkbox"/> 18 | <input type="checkbox"/> 23 | <input type="checkbox"/> 28 | <input type="checkbox"/> 33 | <input type="checkbox"/> 38 | <input type="checkbox"/> 43 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 | <input type="checkbox"/> 14 | <input type="checkbox"/> 19 | <input type="checkbox"/> 24 | <input type="checkbox"/> 29 | <input type="checkbox"/> 34 | <input type="checkbox"/> 39 | <input type="checkbox"/> 44 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 10 | <input type="checkbox"/> 15 | <input type="checkbox"/> 20 | <input type="checkbox"/> 25 | <input type="checkbox"/> 30 | <input type="checkbox"/> 35 | <input type="checkbox"/> 40 | <input type="checkbox"/> 45 |

4. OWNER OF THE TRADEMARK (individual or legal entity who owns the trademark)

Name:
Type of company:
Address:
Contact:
Telephone:
Fax:
e-mail:

5. MANDANT (individual or legal entity who gives the instructions)

Name:
Type of company:
Address:
Contact:
Telephone:
Fax:
e-mail:

6. CLIENT (individual or legal entity to be charged for the services)

Name:
Company type:
Address:
Contact:
Telephone:
Fax:
e-mail:
VAT number:

| Date | | Signature | |
|--|---|--|---|
| Please send us back this completed document duly dated and signed to one of the following addresses: | | | |
| B-8200 Bruges Spoorwegstraat 20 Tel. : + 32 50 406370 Fax : + 32 50 396408 e-mail brugge@pronovem.com | B-1082 Brussels Av Josse Goffin, 158 Tel. : + 32 2 4263810 Fax : + 32 2 4263760 e-mail: vanmalderen@pronovem.com | B-4000 Liège Bd de la Sauvenière, 85/043 Tel. : + 32 4 2305400 Fax : + 32 4 2229061 e-mail : liege@pronovem.com | L-8002 Strassen B.P. 111 Route d'Arlon 261 Tel.: + 352 313770 Fax: + 352 313773 e-mail : luxembourg@pronovem.com |