

INSTRUCTIONS FOR A SEARCH

Your reference: Our reference:

To be searched:

1. SEARCH AMONG

- Trademarks
- Company names
- Domain names

2. TYPE OF SEARCH

- Identical
- Similarity
- Device trademark search

3. AREA

- Benelux
- Europe (RISS)
- World-wide (WISS)
- National, Countries:

4. URGENCY

- 3 working days
- 10 working days

5. CLASSES

Please give below a description of the type of products and/or services for which you wish a search:

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or the classes among which you wish to carry out the search:

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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 |

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

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

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

Name:
Type of company:
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 Sporwegstraat 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