



New trademark application form

COUNTRY OR TERRITORY:

APPLICANT NAME (FULL COMPANY NAME OR NAME AND SURNAME):

APPLICANT ADDRESS

Street and house number or equivalent:

City and postal code:

Country:

TRADEMARK:

In case your trademark is figurative, please attach file separately

GOODS AND SERVICES

CLASS NO:

Goods and services:

CLASS NO:

Goods and services:

CLASS NO:

Goods and services:

if you require additional classes, please use last page for additional information

BILLING INFORMATION:

Name (Full company name or name and surname):

Registration number:

VAT (value added tax) number:

Street and house number or equivalent:

City and postal code:

Country:

*Companies from EU with VAT registration and companies outside EU will receive invoice without VAT (reverse charge);
Natural persons and companies in EU without VAT registration will receive invoice with 21% VAT

AGREEMENT AND COMPLIANCE STATEMENT

By submitting this form, I hereby request trademark application services in the name of the applicant indicated above and agree to the terms and conditions of the service provider. I also acknowledge and agree that the local agent responsible for filing may adjust the list of goods or remove duplicates to comply with local requirements, while ensuring the integrity and general meaning of the goods and services remain unchanged

Name and surname

Date

Save and send this form by email to info@mytrademarkpartner.com

*Additional information sheet, to include additional classes or information (registration date and number) about identical earlier application filed in last 6 months.

A large, empty rectangular box with a thin black border, occupying most of the page below the text. It is intended for the user to provide additional information as specified in the text above.