

MADRID AGREEMENT AND PROTOCOL CONCERNING THE  
INTERNATIONAL REGISTRATION OF MARKS

**APPLICATION FOR INTERNATIONAL REGISTRATION**  
**GOVERNED BY BOTH THE MADRID AGREEMENT AND THE MADRID PROTOCOL**

(Rule 9 of the Common Regulations)

**IMPORTANT**

1. The present **MM3** form is to be used where the international application is governed by **both the Madrid Agreement and the Protocol**. This will be the case where the *Office of origin* (see items 1 and 3) is the Office of a Contracting Party which is bound *by both the Madrid Agreement and the Protocol*, and where the international application designates *at least one Contracting State party to the Agreement but not to the Protocol* and *at least one Contracting Party to the Protocol*, irrespective of whether or not that Contracting Party is also party to the Agreement.
2. If the international application is governed exclusively by the Madrid Agreement, the form to be used is form **MM1**. If it is governed exclusively by the Madrid Protocol, the form to be used is form **MM2**.
3. This form **must be sent to the Office of origin**. It must **not** be sent directly to the International Bureau.



World Intellectual Property Organization  
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1211 Geneva 20, Switzerland  
Tel.: (41-22) 338 9111  
Fax (International Trademark Registry): (41-22) 740 1429  
e-mail: [intreg.mail@wipo.int](mailto:intreg.mail@wipo.int) – Internet: <http://www.wipo.int>

## APPLICATION FOR INTERNATIONAL REGISTRATION GOVERNED BY BOTH THE MADRID AGREEMENT AND THE MADRID PROTOCOL

<p style="text-align: center;"><u>For use by the applicant</u></p> <p>This international application includes the following number of:</p> <ul style="list-style-type: none"> <li>- continuation sheet(s): .....</li> <li>- MM17 form(s): .....</li> </ul>	<p style="text-align: center;"><u>For use by the applicant/Office</u></p> <p>Applicant's reference: .....</p> <p>Office's reference: .....</p>
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1

**CONTRACTING STATE WHOSE OFFICE IS THE OFFICE OF ORIGIN**

.....

2

**APPLICANT**

(a) Name: .....

.....

(b) Address: .....

.....

(c) Address for correspondence: .....

.....

(d) Telephone : ..... Fax: .....

E-mail address: .....

(e) Preferred language for correspondence:     English     French     Spanish

(f) Other indications (as may be required by certain designated Contracting Parties; for example, if the **United States of America** is designated, it is necessary to include these indications):

(i) if the applicant is a natural person, nationality of applicant: .....

(ii) if the applicant is a legal entity:

- legal nature of the legal entity: .....
- State and, where applicable, territorial unit within that State, under the law of which the legal entity is organized: .....

.....

3

**ENTITLEMENT TO FILE**

(a) Check the appropriate box:

- (i)  the applicant has a real and effective industrial or commercial establishment in the Contracting State mentioned in item 1;
- (ii)  if there is no such establishment in a Contracting State of the Agreement, the applicant is domiciled in the Contracting State mentioned in item 1;
- (iii)  if there is no such establishment or domicile in a Contracting State of the Agreement, the applicant is a national of the Contracting State mentioned in item 1.

(b) Where the address of the applicant, given in item 2(b), is not in the territory of the Contracting State mentioned in item 1, indicate in the space provided below:

- (i) if the box corresponding to paragraph (a)(i) of the present item has been checked, the address of the applicant's industrial or commercial establishment in that State, or,
- (ii) if the box corresponding to paragraph (a)(ii) of the present item has been checked, the domicile of the applicant in that State.

.....

.....

.....

**4** APPOINTMENT OF A REPRESENTATIVE (if any)

Name: .....

Address: .....

.....

Telephone: ..... Fax: .....

E-mail address: .....

**5** BASIC REGISTRATION

Basic registration number: .....

Date of the basic registration: ..... ( dd/mm/yyyy)

**6** PRIORITY CLAIMED

The applicant claims the priority of the earlier filing mentioned below:

Office of earlier filing: .....

Number of earlier filing (if available): .....

Date of earlier filing: ..... ( dd/mm/yyyy)

If the earlier filing does not relate to all the goods and services listed in item 10 of this form, indicate in the space provided below the goods and services to which it does relate:

.....

.....

If several priorities are claimed, check box and use a continuation sheet giving the above required information for each priority claimed.

**7** THE MARK

(a) Place the reproduction of the mark, as it appears in the basic registration, in the square below.

(b) Where the reproduction in item (a) is in black and white and color is claimed in item 8, place a color reproduction of the mark in the square below.

(c)  The applicant declares that he wishes the mark to be considered as a mark in standard characters.

(d)  The mark consists of a color or a combination of colors as such

Where the Office of origin has addressed this form by facsimile, the present space must be completed before addressing the original of this page to the International Bureau.

Number of basic registration or Office reference as shown on the first page of this form: .....

Signature by the Office of origin: .....

**8**

**COLOR(S) CLAIMED**

(a)  The applicant claims color as a distinctive feature of the mark.

Color or combination of colors claimed: .....

.....

.....

(b) Indication, for each color, of the principal parts of the mark that are in that color (as may be required by certain designated Contracting Parties):

.....

.....

.....

**9**

**MISCELLANEOUS INDICATIONS**

(a) Transliteration of the mark (this information is compulsory where the mark consists of or contains matter in characters other than Latin characters, or numerals other than Arabic or Roman numerals):

.....

.....

(b) Translation of the mark (as may be required by certain designated Contracting Parties):

(i) into English: .....

.....

(ii) into French: .....

.....

(iii) into Spanish: .....

.....

(c)  The words contained in the mark have no meaning (and therefore cannot be translated).

(d) Where applicable, check the relevant box or boxes below:

- Three-dimensional mark
- Sound mark
- Collective mark, certification mark, or guarantee mark

(e) Description of the mark (where applicable):

.....

.....

(f) Verbal elements of the mark (where applicable):

.....

.....

(g) The applicant declares that he wishes to disclaim protection for the following element(s) of the mark:

.....

.....

.....

**10**

## GOODS AND SERVICES

(a) Indicate below the goods and services for which the international registration is sought:

**Please use font “Courier New” or “Times New Roman”, size 12 pt, or above**

Class

Goods and services

(b)  The applicant wishes to **limit** the list of goods and services in respect of one or more designated Contracting Parties, as follows:**Please use font “Courier New” or “Times New Roman”, size 12 pt, or above**

Contracting Party

Class(es) or list of goods and services for which  
protection is sought in this Contracting PartyIf the space provided is not sufficient, check the box and use a **continuation sheet**

**11** DESIGNATED CONTRACTING PARTIES

(Information concerning national or regional procedures for each Contracting Party designated may be found at the following website: [http://www.wipo.int/madrid/en/members/ipoffices\\_info.html](http://www.wipo.int/madrid/en/members/ipoffices_info.html). Additional information may be found in the information notices available at: <http://www.wipo.int/madrid/en/notices/>)

Check the corresponding boxes:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> <b>AG</b> Antigua and Barbuda                            | <input type="checkbox"/> <b>DZ</b> Algeria                               | <input type="checkbox"/> <b>KR</b> Republic of Korea                     | <input type="checkbox"/> <b>RO</b> Romania                               |
| <input type="checkbox"/> <b>AL</b> Albania  | <input type="checkbox"/> <b>EE</b> Estonia                               | <input type="checkbox"/> <b>KZ</b> Kazakhstan                            | <input type="checkbox"/> <b>RS</b> Serbia                                |
| <input type="checkbox"/> <b>AM</b> Armenia  | <input type="checkbox"/> <b>EG</b> Egypt                                 | <input type="checkbox"/> <b>LI</b> Liechtenstein                         | <input type="checkbox"/> <b>RU</b> Russian Federation                    |
| <input type="checkbox"/> <b>AT</b> Austria  | <input type="checkbox"/> <b>EM</b> European Union <sup>1</sup>           | <input type="checkbox"/> <b>LR</b> Liberia                               | <input type="checkbox"/> <b>SD</b> Sudan                                 |
| <input type="checkbox"/> <b>AU</b> Australia                                      | <input type="checkbox"/> <b>ES</b> Spain                                 | <input type="checkbox"/> <b>LS</b> Lesotho                               | <input type="checkbox"/> <b>SE</b> Sweden                                |
| <input type="checkbox"/> <b>AZ</b> Azerbaijan                                     | <input type="checkbox"/> <b>FI</b> Finland                               | <input type="checkbox"/> <b>LT</b> Lithuania                             | <input type="checkbox"/> <b>SG</b> Singapore <sup>2</sup>                |
| <input type="checkbox"/> <b>BA</b> Bosnia and Herzegovina                         | <input type="checkbox"/> <b>FR</b> France                                | <input type="checkbox"/> <b>LV</b> Latvia                                | <input type="checkbox"/> <b>SI</b> Slovenia                              |
| <input type="checkbox"/> <b>BG</b> Bulgaria                                       | <input type="checkbox"/> <b>GB</b> United Kingdom <sup>2</sup>           | <input type="checkbox"/> <b>MA</b> Morocco                               | <input type="checkbox"/> <b>SK</b> Slovakia                              |
| <input type="checkbox"/> <b>BH</b> Bahrain  | <input type="checkbox"/> <b>GE</b> Georgia                               | <input type="checkbox"/> <b>MC</b> Monaco                                | <input type="checkbox"/> <b>SL</b> Sierra Leone                          |
| <input type="checkbox"/> <b>BQ</b> Bonaire, Saint Eustatius and Saba <sup>5</sup> | <input type="checkbox"/> <b>GH</b> Ghana <sup>4</sup>                    | <input type="checkbox"/> <b>MD</b> Republic of Moldova                   | <input type="checkbox"/> <b>SM</b> San Marino                            |
| <input type="checkbox"/> <b>BT</b> Bhutan   | <input type="checkbox"/> <b>GR</b> Greece                                | <input type="checkbox"/> <b>ME</b> Montenegro                            | <input type="checkbox"/> <b>ST</b> Sao Tome and Principe                 |
| <input type="checkbox"/> <b>BW</b> Botswana                                       | <input type="checkbox"/> <b>HR</b> Croatia                               | <input type="checkbox"/> <b>MG</b> Madagascar                            | <input type="checkbox"/> <b>SX</b> Sint Maarten <sup>5</sup>             |
| <input type="checkbox"/> <b>BX</b> Benelux  | <input type="checkbox"/> <b>HU</b> Hungary                               | <input type="checkbox"/> <b>MK</b> The former Yugoslav Rep. of Macedonia | <input type="checkbox"/> <b>SY</b> Syrian Arab Republic                  |
| <input type="checkbox"/> <b>BY</b> Belarus  | <input type="checkbox"/> <b>IE</b> Ireland <sup>2</sup>                  | <input type="checkbox"/> <b>MN</b> Mongolia                              | <input type="checkbox"/> <b>SZ</b> Swaziland                             |
| <input type="checkbox"/> <b>CH</b> Switzerland                                    | <input type="checkbox"/> <b>IL</b> Israel                                | <input type="checkbox"/> <b>MZ</b> Mozambique                            | <input type="checkbox"/> <b>TJ</b> Tajikistan                            |
| <input type="checkbox"/> <b>CN</b> China  | <input type="checkbox"/> <b>IR</b> Iran (Islamic Republic of)            | <input type="checkbox"/> <b>NA</b> Namibia                               | <input type="checkbox"/> <b>TM</b> Turkmenistan                          |
| <input type="checkbox"/> <b>CU</b> Cuba <sup>4</sup>                              | <input type="checkbox"/> <b>IS</b> Iceland                               | <input type="checkbox"/> <b>NO</b> Norway                                | <input type="checkbox"/> <b>TR</b> Turkey                                |
| <input type="checkbox"/> <b>CW</b> Curacao <sup>5</sup>                           | <input type="checkbox"/> <b>IT</b> Italy                                 | <input type="checkbox"/> <b>OM</b> Oman                                  | <input type="checkbox"/> <b>UA</b> Ukraine                               |
| <input type="checkbox"/> <b>CY</b> Cyprus   | <input type="checkbox"/> <b>JP</b> Japan <sup>4</sup>                    | <input type="checkbox"/> <b>PL</b> Poland                                | <input type="checkbox"/> <b>US</b> United States of America <sup>3</sup> |
| <input type="checkbox"/> <b>CZ</b> Czech Republic                                 | <input type="checkbox"/> <b>KE</b> Kenya                                 | <input type="checkbox"/> <b>PT</b> Portugal                              | <input type="checkbox"/> <b>UZ</b> Uzbekistan                            |
| <input type="checkbox"/> <b>DE</b> Germany  | <input type="checkbox"/> <b>KG</b> Kyrgyzstan                            |  | <input type="checkbox"/> <b>VN</b> Viet Nam                              |
| <input type="checkbox"/> <b>DK</b> Denmark  | <input type="checkbox"/> <b>KP</b> Democratic People's Republic of Korea |  | <input type="checkbox"/> <b>ZM</b> Zambia                                |

Others: .....

<sup>1</sup> If the **European Union** is designated, it is compulsory to indicate a second language before the Office of the European Union, among the following (check one box only):  French  German  Italian  Spanish

Moreover, if the applicant wishes to claim the seniority of an earlier mark registered in, or for, a Member State of the European Union, the official form MM17 must be annexed to the present international application.

<sup>2</sup> By designating **Ireland**, **Singapore** or the **United Kingdom**, the applicant declares that he has the intention that the mark will be used by him or with his consent in that country in connection with the goods and services identified in this application.

<sup>3</sup> If the **United States of America** is designated, it is compulsory to annex to the present international application the official form (MM18) containing the declaration of intention to use the mark required by this Contracting Party.

<sup>4</sup> **Cuba**, **Ghana** and **Japan** have made a notification under Rule 34(3)(a) of the Common Regulations. Their respective **individual fees are payable in two parts**. Therefore, if **Cuba**, **Ghana** or **Japan** is designated, only the first part of the applicable individual fee is payable at the time of filing the present international application. The second part will have to be paid only if the Office of the Contracting Party concerned is satisfied that the mark which is the subject of the international registration qualifies for protection. The date by which the second part must be paid, and the amount due, will be notified to the holder of the international registration at a later stage.

<sup>5</sup> Territorial entity previously part of the former Netherlands Antilles.

**12** SIGNATURE BY THE APPLICANT OR HIS REPRESENTATIVE  
(if required or allowed by the Office of origin)

..... (dd/mm/yyyy)

**13**

## CERTIFICATION AND SIGNATURE OF THE INTERNATIONAL APPLICATION BY THE OFFICE OF ORIGIN

## (a) Certification

The Office of origin certifies

- (i) that the request to present this application was received, or, as provided in Rule 11(1) of the Regulations, is deemed to have been received, on ..... ( dd/mm/yyyy).
- (ii) that the applicant named in item 2 is the same as the holder named in the basic registration mentioned in item 5, that any indication given in item 7(d), 9(d) or 9(e) appears also in the basic registration, that the mark in item 7(a) is the same as in the basic registration, that, if color is claimed as a distinctive feature of the mark in the basic registration, the same claim is included in item 8 or that, if color is claimed in item 8 without having been claimed in the basic registration, the mark in the basic registration is in fact in the color or combination of colors claimed, and that the goods and services listed in item 10 are covered by the list of goods and services appearing in the basic registration.

Where the international application is based on two or more basic registrations, the above declaration shall be deemed to apply to all those basic registrations.

(b) Office's signature: .....

Date of signature: ..... ( dd/mm/yyyy)

## FEE CALCULATION SHEET

## (a) INSTRUCTIONS TO DEBIT FROM A CURRENT ACCOUNT

The International Bureau is hereby instructed to debit the required amount of fees from a current account opened with the International Bureau (if this box is checked, it is not necessary to complete (b)).

Holder of the account: ..... Account number: .....

Identity of the party giving the instructions: .....

(b) AMOUNT OF FEES (see Fee Calculator: [www.wipo.int/madrid/en/fees/calculator.jsp](http://www.wipo.int/madrid/en/fees/calculator.jsp))

**Basic fee:** 653 Swiss francs if the reproduction of the mark is in black and white only and 903 Swiss francs if there is a reproduction in color. (For international applications filed by applicants whose country of origin is a Least Developed Country, in accordance with the list established by the United Nations ([www.wipo.int/ldcs/en/country](http://www.wipo.int/ldcs/en/country)), 65 Swiss francs if the reproduction is in black and white only and 90 Swiss francs if there is a reproduction in color.)

**Complementary and supplementary fees:**

Number of designations for which complementary fee is applicable		Complementary fee		Total amount of the complementary fees
.....	x	100 Swiss francs	=	..... =>

Number of classes of goods and services beyond three		Supplementary fee		Total amount of the supplementary fees
.....	x	100 Swiss francs	=	..... =>

**Individual fees** (Swiss francs):

Designated Contracting Parties	Individual fee	Designated Contracting Parties	Individual fee
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
		Total individual fees	=> .....

**GRAND TOTAL (Swiss francs)** .....

## (c) METHOD OF PAYMENT

Identity of the party effecting the payment: .....

Payment received and acknowledged by WIPO  WIPO receipt number .....

Payment made to WIPO bank account  Payment identification ..... dd/mm/yyyy  
 IBAN No. CH51 0483 5048 7080 8100 0  
 Credit Suisse, CH-1211 Geneva 70  
 Swift/BIC: CRESCHZZ80A

Payment made to WIPO postal account  Payment identification ..... dd/mm/yyyy  
 IBAN No. CH03 0900 0000 1200 5000 8  
 Swift/BIC: POFICHBE

**CONTINUATION SHEET**

No : ..... of .....