

## MADRID PROTOCOL

MODEL FORM 3A (MF3A): TOTAL PROVISIONAL REFUSAL OF PROTECTION

Rule 17(1) of the Regulations

<b>I. Name of the Office:</b>
<b>II. International registration number:</b>
<b>III. Name of the holder:</b>
<b>IV. Information concerning the type of provisional refusal:</b>  <i>Please indicate the type of refusal by checking <b>only one</b> of the following options:</i>  <input type="checkbox"/> Total provisional refusal based on an <i>ex officio</i> examination.  <input type="checkbox"/> Total provisional refusal based on an opposition.  <input type="checkbox"/> Total provisional refusal based on both an <i>ex officio</i> examination and an opposition.  <i>Where the refusal is based on an opposition or on both an <i>ex officio</i> examination and an opposition, please indicate:</i>  (i) Name of the opponent:  (ii) Address of the opponent:
<b>V. Information concerning the scope of the provisional refusal:</b>  <i>The provisional refusal affects <u>all</u> the goods and services.</i>
<b>VI. Grounds for refusal (where applicable, see item VII):</b>

**VII. Information relating to an earlier mark:**

Printout from the register or database containing details of earlier mark attached.

**Or**

Details of earlier mark indicated below:

(i) Filing date and number, and, if any, priority date:

(ii) Registration date and number (if available):

(iii) Name and address of the owner:

(iv) Representation of the mark or information on how to access that representation:

(v) List of the relevant goods and services (this list may be in the language of the earlier application or registration):

**VIII. Provisions of the applicable law:**

**IX. Information relating to the possibility to request a review, file an appeal or otherwise respond to the refusal:**

(i) Time limit to request a review, file an appeal or otherwise respond to the refusal:

(ii) Calculation of time limit (*the time limit runs from*):

(iii) Authority to which such request for review, appeal or response should be made:

(iv) Whether the request for review, appeal or response has to be filed in a specific language or through a local representative:

(v) Other requirements, if any:

**X. Date and signature of the Office:**