

# MODEL INTERNATIONAL FORM No. 1

## APPLICATION FOR THE REGISTRATION OF A MARK

submitted to the Office of .....

FOR OFFICE USE ONLY

Reference number of applicant:<sup>1</sup> .....

Reference indication of representative:<sup>1</sup> .....

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### 1. Request for Registration

Registration of the mark reproduced in the present application is hereby requested.

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<sup>1</sup> The reference number allotted by the applicant and/or the reference number allotted by the representative to the present application may be indicated in this space.

**2. Application(s)**

2.1 If the applicant is a natural person, the person's

(a) family or principal name:<sup>2</sup>

(b) given or secondary name(s):<sup>2</sup>

2.2 If the applicant is a legal entity, the entity's full official designation:

2.3 Address (including postal code and country):

Telephone number(s):  
(with the area code)

Telefacsimile number(s):  
(with the area code)

2.4 State of nationality:

State of domicile:

State of establishment:<sup>3</sup>

2.5 Where the applicant is a legal entity, indicate

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

2.6  Check this box if there is more than one applicant; in that case, list them on an additional sheet and indicate, in respect of each of them, the data referred to in items 2.1 or 2.2, 2.3, 2.4 and 2.5.<sup>4</sup>

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<sup>2</sup> The names to be indicated under (a) and (b) are either the full names of the applicant or the names customarily used by the applicant.

<sup>3</sup> "Establishment" means a real and effective industrial or commercial establishment.

<sup>4</sup> Where several applicants are listed on the additional sheet with different addresses and there is no representative, the address for correspondence must be underlined on the additional sheet.

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**3. Representative**

3.1  The applicant is not represented.

3.2  The applicant is represented.

3.2.1 Identification of the representative

3.2.1.1 Name:

3.2.1.2 Address (including postal code and country):

Telephone number(s):  
(with the area code)

Telefacsimile number(s):  
(with the area code)

3.2.2  The power of attorney is already in the possession of the Office.  
Serial number:<sup>5</sup> .....

3.2.3  The power of attorney is attached.

3.2.4  The power of attorney will be furnished at a later date.

3.2.5  No power of attorney is needed.

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**4. Address for Service<sup>6</sup>**

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<sup>5</sup> To be left blank if the power of attorney has not, or has not yet, been allotted a serial number or if the serial number is not yet known to the applicant or the representative.

<sup>6</sup> An address for service must be indicated in the space available under the title of item 4 where the applicant does not have or, if there is more than one applicant, where none of the applicants has a domicile or a real and effective industrial or commercial establishment on the territory of the Contracting Party whose Office is the Office named on the first page of the present application, except where a representative is indicated in item 3.

**5. Claiming of Priority**

The applicant hereby claims the following priority:

5.1 Country (Office) of first filing:<sup>7</sup>

5.2 Date of first filing:

5.3 Application number of first filing (if available):

5.4 The certified copy of the application the priority of which is claimed<sup>8</sup>

5.4.1  is attached.

5.4.2  will be furnished within three months from the filing date of the present application.

5.5 The translation of the certified copy

5.5.1  is attached.

5.5.2  will be furnished within three months from the filing date of the present application.

5.6  Check this box if there is more than one filing whose priority is claimed; in that case, list them in an additional sheet and indicate, in respect of each of them, the information referred to in items 5.1, 5.2, 5.3, 5.4 and 5.5 and the goods and/or services mentioned in each of them.

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<sup>7</sup> Where the application the priority of which is claimed was filed with an Office other than a national Office (e.g., OAPI, the Benelux Trademark Office and the Office for Harmonization in the Internal Market (trade marks and designs), the name of that Office has to be indicated instead of the name of a country. Otherwise, not the name of the Office but the name of the country must be indicated.

<sup>8</sup> “Certified copy” means a copy of the application the priority of which is claimed, certified as being in conformity with the original by the Office which received such application.

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**6. Registration(s) in the Country (Office) of Origin<sup>9</sup>**

The certificate(s) of registration in the country (Office) of origin is (are) attached.

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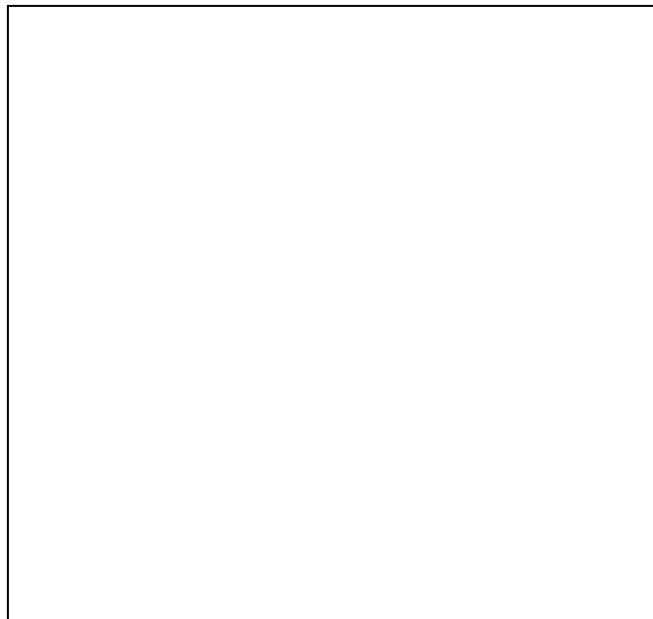
**7. Protection Resulting From Display in an Exhibition**

Check this box if the applicant wishes to take advantage of any protection resulting from the display of goods and/or services in an exhibition. In that case, give the details on an additional sheet.

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**8. Reproduction of the Mark**

(8 cm x 8 cm)



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<sup>9</sup> To be filled in where the applicant wishes to furnish evidence under Article 6*quinquies* A(1) of the Paris Convention when filing the application.

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8.1  The applicant wishes that the Office register and publish the mark in the standard characters used by it.<sup>10</sup>

8.2  Color is claimed as a distinctive feature of the mark.

8.2.1 Name(s) of the color(s) claimed:

8.2.2 Principal parts of the mark which are in that (those) color(s):

8.3  The mark is three-dimensional.

.....<sup>11</sup> different views of the mark are attached.

8.4 .....<sup>12</sup> reproduction(s) of the mark in black and white is (are) attached.

8.5 .....<sup>12</sup> reproduction(s) of the mark in color is (are) attached.

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**9. Transliteration of the Mark**

This mark or part of the mark is transliterated as follows:

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**10. Translation of the Mark**

The mark or part of the mark is translated as follows:

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<sup>10</sup> Such a wish cannot be expressed in respect of marks which contain or consist of figurative elements. If, in the opinion of the Office, they do contain such elements, the Office will ignore the wish of the applicant and will register and publish the mark as appearing in the square.

<sup>11</sup> If several different views of the mark are not included in the square provided in item 8 but are attached, check this box and indicate the number of those different views.

<sup>12</sup> Indicate the number of reproductions in black and white and/or color.

**11. Goods and/or Services**

Names of the goods and/or services:<sup>13</sup>

Check this box if the space above is not sufficient; in that case, give the names of the goods and/or services on an additional sheet.

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**12. Declaration Concerning Intention to Use or Actual Use; Evidence of Actual Use**

12.1  Check this box if a declaration is attached.

12.2  Check this box if evidence of actual use is attached.

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**13. Requirements Relating to Languages**

Check this box if an attachment is enclosed in order to comply with any language requirement applicable with respect to the Office.<sup>14</sup>

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<sup>13</sup> Where the goods and/or services belong to more than one class of the Nice Classification, they must be grouped according to the classes of that Classification. The number of each class must be indicated and the goods and/or services belonging to the same class must be grouped following the indication of the number of that class. Each group of goods or services must be presented in the order of the classes of the Nice Classification. Where all the goods or services belong to one class of the Nice Classification, the number of that class must be indicated.

<sup>14</sup> This box is not to be used if the Office does not admit more than one language.

**14. Signature or Seal**

14.1 Name of the natural person who signs or whose seal is used:

14.2 Check the appropriate box according to whether the signature is given, or the seal is used, by or on behalf of the

14.2.1  applicant.

14.2.2  representative.

14.3 Date of signature or of sealing:

14.4 Signature or seal:

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**15. Fee(s)**

15.1 Currency and amount(s) of the fee(s) paid in connection with the present application:

15.2 Method of payment:

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**16. Additional Sheets and Attachments**

Check this box if additional sheets and/or attachments are enclosed and indicate the total number of such sheets and/or attachments:

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