

II. Mark information

Does the mark contain a word or words without any particular form or presentation (yes)

Is colour claimed as an element of the mark (yes)

If “yes” state which colour(s):.....

Is the application for registration of a three-dimensional mark (yes)
(ensure that the representation illustrates it clearly)

Is the registration for a collective mark (yes)
(provide a copy of the regulations for its use in accordance with the law)

List of Goods and/or Services for which the mark is to be registered(or according to attachment):

| Descriptions: | Classes as by the Nice classification: |
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III. Applicant information (Please cross out the type of applicant and fill in the required information accordingly)

Natural person

Organization

ID document (ID card or passport):
[Grid]
ID document number:
[Grid]
Country:
[Grid]
First name:
[Grid]
Middle name:
[Grid]
Last name:
[Grid]

Company code/Enterprise code:
[Grid]
OR
Registration number:
[Grid]
Registered Name:
[Grid]

Address (Residence address if Person OR Head office address if Organization/ Foreigners fill in only Phone-Email-Country-Province/City)

Phone: [Grid] Sector: [Grid]
Email: [Grid] Cell: [Grid]
Country: [Grid] Street name and house number: [Grid]
Province: [Grid] P. O. Box: [Grid]
District: [Grid]

Representative of applicant

ID document (ID card or passport): [Grid] First Name: [Grid]
ID document number: [Grid] Middle Name: [Grid]
Country: [Grid] Last Name: [Grid]

Address (Foreigners fill in only Phone-Email-Country-Province/City/Foreigners fill in only Phone-Email-Country-Province/City)

Phone: [Grid] Sector: [Grid]
Email: [Grid] Cell: [Grid]
Country: [Grid] Street name and house number: [Grid]
Province: [Grid] P. O. Box: [Grid]
District: [Grid]

V. Attachments

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|---|
| <input type="checkbox"/> 4 identical copies of the representation of the mark |
| <input type="checkbox"/> Claim of priority |
| <input type="checkbox"/> Copy of regulations for a collective mark |
| <input type="checkbox"/> Fee payment receipt slip |
| <input type="checkbox"/> Copy of ID document |
| <input type="checkbox"/> Power of attorney |
| <input type="checkbox"/> Certificate of Registration |
| <input type="checkbox"/> Other |
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| |

Signatures

| | |
|---|------------------------------|
| I hereby certify that the information given to the best of my knowledge is true, complete and all signatures in the attachments are made by the persons stated. I also understand that any false declaration may lead to prosecution. | |
| Date: | Applicant's Signature: |