



OFFICE FOR HARMONIZATION IN THE INTERNAL MARKET (OHIM)

APPLICATION FOR A COMMUNITY TRADE MARK

For receiving office	Date of receipt (DD/MM/YYYY) / /	Number of pages (including this one) 	Mod.009
For OHIM	/ /		

*Languages Language of the application or ISO code Second language <div style="display: flex; justify-content: space-around;">ESDEENFRIT</div>	Applicant/representative reference (not more than 20 characters)
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*Applicant	ID number	<input type="checkbox"/> multiple applicants <input type="checkbox"/> legal entity <input type="checkbox"/> natural person
Name of legal entity or first name and surname Tel, fax, e-mail Address Street and number City and postal code Country Postal address (if different) Nationality / State of incorporation		

*Representation of the mark	<input type="checkbox"/> attached
<input type="checkbox"/> Word mark	
<input type="checkbox"/> Figurative mark <input type="checkbox"/> Colour mark <input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Three-dimensional mark <input type="checkbox"/> Sound mark	
<input type="checkbox"/> Colour claimed Indication of colour(s)	<input type="checkbox"/> attached
Description of the mark	<input type="checkbox"/> attached
Disclaimer	<input type="checkbox"/> attached
<input type="checkbox"/> Collective mark	

*List of goods and services	<input type="checkbox"/> continuation sheet attached				
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Class No</th><th>Goods and services</th></tr></thead><tbody><tr><td style="height: 150px;"></td><td></td></tr></tbody></table>	Class No	Goods and services			
Class No	Goods and services				

Signature	Trademark Protection LLP	
Name	Trademark Protection LLP	*Signature
		Dated: 10/6/2005

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* Mandatory details

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APPLICATION FOR A COMMUNITY TRADE MARK

Representative	ID number <input style="width: 80%;" type="text"/>
Name	<input style="width: 100%;" type="text"/>
Tel, fax, e-mail	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%; height: 100%;" type="text"/>
Street and number	
City and postal code	
Country	
Postal address (if different)	
Type of representative <input type="checkbox"/> legal practitioner <input type="checkbox"/> professional representative <input type="checkbox"/> association of representatives <input type="checkbox"/> employee	

Priority claimed	<input type="checkbox"/> The applicant claims the priority of the earlier filing(s) mentioned below																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Office of earlier filing</th> <th style="width: 10%;">Number</th> <th style="width: 30%;">Application date*</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td>/ /</td></tr> <tr><td> </td><td> </td><td>/ /</td></tr> <tr><td> </td><td> </td><td>/ /</td></tr> <tr><td> </td><td> </td><td>/ /</td></tr> <tr><td> </td><td> </td><td>/ /</td></tr> </tbody> </table>		Office of earlier filing	Number	Application date*			/ /			/ /			/ /			/ /			/ /
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Seniority claimed	<input type="checkbox"/> The applicant claims the seniority of the earlier registration(s) mentioned below																																										
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Other attached documents	
<input type="checkbox"/> Priority certificate <input type="checkbox"/> attached <input type="checkbox"/> to follow <input type="checkbox"/> Seniority certificate <input type="checkbox"/> attached <input type="checkbox"/> to follow <input type="checkbox"/> Regulation governing use of mark (only for collective mark) <input type="checkbox"/> attached <input type="checkbox"/> to follow	Translation of List of goods/ services <input type="checkbox"/> attached Colours <input type="checkbox"/> attached Description of the mark <input type="checkbox"/> attached Disclaimer <input type="checkbox"/> attached

Payment of fees Basic application fee € <input style="width: 80%;" type="text"/> Classes exceeding three € <input style="width: 80%;" type="text"/> Total fees € <input style="width: 80%;" type="text"/> To be withdrawn from current account of applicant / representative with OHIM <input type="checkbox"/> immediately <input type="checkbox"/> one month after the filing date <input type="checkbox"/> class fee together with the basic application fee	Current account with OHIM <input type="checkbox"/> Account No <input style="width: 80%;" type="text"/> <input type="checkbox"/> Do not use my current account with OHIM Transfer to account of OHIM <input type="checkbox"/> Banco Bilbao Vizcaya Argentaria <input type="checkbox"/> La Caixa Date of transfer (DD/MM/YYYY) <input style="width: 80%;" type="text"/> <input type="checkbox"/> Payment by cheque made payable to the OHIM (attached) <input type="checkbox"/> Other means of payment
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* DD/MM/YYYY

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