



DISPUTE REQUEST FORM FOR THIRD PARTIES

Complainant Details:

Name of the Complainant:

NOTE: The complainant desiring to challenge a decision of the Clearinghouse is required to fill in the present form and send it to Dispute@trademark-clearinghouse.com.

Address:

City:

State/Province:

Zip/Postal Code:

Country/Economy:

[Vat Number (if applicable)]

Name of the Representative of the company:

E-mail address of the Complainant

Disputed Trademark Details:

ID number of the Trademark Record:

Name of Trademark:

Name of the Trademark Holder associated with the Trademark Record,;

Dispute Details:

Describe briefly the Reason for the Dispute:

Representation, Warranty and Acknowledgement:

By signing and submitting this Dispute Request Form, the complainant declares, warrants and acknowledges that, to the best of the complainant's knowledge, the above statements are true, correct and not fraudulent.

COMPLAINANT PARTY:

Name:

Signature:

Date:

X