

# REGISTERED DESIGN DISCLOSURE FORM



## CONTACT INFORMATION:

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**Your Name:**

**Business Name:**

**Address:**

**Postcode:**

**Telephone:**

**Email:**

## DESIGN(s):

Representation of the Design(s) to be registered

## GOODS OR DEVICES:

Goods or devices on which the design is - or will be - applied

## ALREADY DISCLOSED:

If already disclosed, please confirm the date of first disclosure of the Design

## WHEN COMPLETE PLEASE SEND OR FAX THIS FORM TO:

R Mack, ipconsult, 21A Commercial Road, Swanage, Dorset BH19 1DF

Fax number: 0870 112 1803

[www.ipconsult.co.uk](http://www.ipconsult.co.uk)