

TRADE MARK DISCLOSURE FORM



CONTACT INFORMATION:

Your Name:

Business Name:

Address:

Postcode:

Telephone:

Email:

TRADE MARK(s):

Representation of the Trade Mark(s)

GOODS OR SERVICES:

Goods or services which are being sold/traded already - or will be - with the Trade Mark

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