

TRADEMARK REGISTRATION SERVICES QUESTIONNAIRE

I would be interested in receiving more information and a quotation relating to the registration and protection of my trademark and intellectual property.

If you need any help completing this form, please contact a consultant who will be pleased to assist.

Please complete in BLOCK CAPITALS and return to us by fax or email.

WHICH OFFICE WOULD YOU LIKE TO DEAL WITH?

Please state the main office you would like to deal with:

ABOUT YOUR TRADEMARK AND INTELLECTUAL PROPERTY

Please explain in detail your trademark and intellectual property, to include geographic spread of activity:

ABOUT THE GOODS AND SERVICES RELATING TO THE TRADEMARK

Please explain in detail your interests and the activities which relate to the trademark

ABOUT THE APPLICANT

Please provide details of the applicant whether an individual or corporate entity:

Is the applicant a natural person? Yes No

Is the applicant a corporation or other type of business entity? Yes No

CORPORATE APPLICANTS

What is the full name of the applicant?

Country/Jurisdiction of incorporation

Registered number and date of incorporation

INDIVIDUAL APPLICANTS

What is the full name of the applicant?

Nationality

Date of Birth

Passport Number

Marital Status

Address:

Email:

Mobile:

Telephone:

Fax:

Preferred method of contact:

Email Mobile Telephone Fax Mail

ABOUT YOU - THE PERSON FILLING IN THIS FORM

What is your name?

Are you an existing client of OCRA Worldwide? Yes No

If 'yes' to the above, of which office?

Address:

Email:

Mobile:

Telephone:

Fax:

Preferred method of contact:

Email Mobile Telephone Fax Mail

If you are not emailing this form, PLEASE SIGN HERE

Today's date (DD/MM/YYYY)

We will contact you shortly to clarify your requirements and submit our proposal and written quotation.