



OFFICE FOR HARMONIZATION IN THE INTERNAL MARKET (OHIM)

APPLICATION FOR A COMMUNITY TRADE MARK

For receiving office	Date of receipt (DD/MM/YYYY) <input style="width:100%;" type="text"/>	Number of pages (including this one) <input style="width:100%;" type="text"/>	Mod.009
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<p>*Languages</p> <p>Language of the application or ISO code <input style="width:100%;" type="text"/></p> <p>Second language <input type="checkbox"/> ES <input type="checkbox"/> DE <input type="checkbox"/> EN <input type="checkbox"/> FR <input type="checkbox"/> IT</p> <p>Use second language for all correspondence related to this CTM application <input type="checkbox"/></p>	<p>Your reference (not more than 20 characters)</p> <input style="width:100%; height: 20px;" type="text"/>
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*Applicant	ID number <input style="width:100%;" type="text"/>	<input type="checkbox"/> multiple applicants on continuation sheet	<input type="checkbox"/> legal entity	<input type="checkbox"/> natural
<p>Name of legal entity or first name and surname</p> <p>Legal form of the entity</p> <p>Tel, fax, e-mail</p> <p>Address</p> <p>Street and number</p> <p>City and postal code</p> <p>Country</p> <p>Postal address (if different)</p> <p>Nationality</p>				

* Mark	<input type="checkbox"/> attached
<input type="checkbox"/> Word mark	<input style="width:100%;" type="text"/>
<input type="checkbox"/> Figurative mark	<input type="checkbox"/> Colour per se <input type="checkbox"/> Other (specify) <input style="width:100%;" type="text"/>
<input type="checkbox"/> Three-dimensional mark	<input type="checkbox"/> Sound mark
Indication of colour(s)	<input style="width:100%;" type="text"/> <input type="checkbox"/> attached
Description of the mark	<input style="width:100%;" type="text"/> <input type="checkbox"/> attached
Disclaimer	<input style="width:100%;" type="text"/> <input type="checkbox"/> attached

<input type="checkbox"/> Collective mark	Regulation governing use of collective mark	<input type="checkbox"/> attached	<input type="checkbox"/> to follow
<input type="checkbox"/> National search reports requested (subject to payment of an additional fee)			

*List of goods and services	Same list as in previous CTM No. <input style="width:100%;" type="text"/>
Class No.	Goods and services
<input type="checkbox"/> continuation sheet attached	

Signature	<input style="width:100%;" type="text"/>	*Signature
Name	<input style="width:100%;" type="text"/>	<input style="width:100%; height: 50px;" type="text"/>

#TM009EN

* Mandatory details



APPLICATION FOR A COMMUNITY TRADE MARK

Representative		ID number <input type="text"/>	
Name		<input type="text"/>	
Tel, fax, e-mail		<input type="text"/>	
Address		<input type="text"/>	
Street and number		<input type="text"/>	
City and postal code		<input type="text"/>	
Country		<input type="text"/>	
Postal address (if different)		<input type="text"/>	
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 Certificate(s) <input type="checkbox"/> attached <input type="checkbox"/> to follow	
Country of first filing		Number	Filing date*
<input type="text"/>		<input type="text"/>	/ /
			<input type="checkbox"/> Continuation sheet(s)
Seniority claimed		<input type="checkbox"/> The applicant claims the seniority of the earlier registration(s) mentioned below Certificate(s) <input type="checkbox"/> attached <input type="checkbox"/> to follow	
Member State	Nature (national / international)	Number	Filing date*
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /
			<input type="checkbox"/> Continuation sheet(s)
Transformation under Madrid Protocol		Translation of	
IR number	<input type="text"/>	List of goods/ services	<input type="checkbox"/> attached
Date of cancellation of the IR	/ /	Colours	<input type="checkbox"/> attached
Date of the IR	/ /	Description of the mark	<input type="checkbox"/> attached
Date of priority of the IR	/ /	Disclaimer	<input type="checkbox"/> attached
Payment of fees		Current account with OHIM	
Basic CTM fee	€ <input type="text"/>	<input type="checkbox"/> Account No. <input type="text"/>	
Classes exceeding three	€ <input type="text"/>	<input type="checkbox"/> Do not use my current account with OHIM	
Fee for national search reports	€ <input type="text"/>	Basic application fee and, if applicable, the fee for the national search reports	
Total fees	€ <input type="text"/>	to be withdrawn from current account of applicant / representative with OHIM	
Transfer to account of OHIM		<input type="checkbox"/> immediately	
<input type="checkbox"/> Banco Bilbao Vizcaya Argentaria		<input type="checkbox"/> one month after the filing date	
<input type="checkbox"/> La Caixa		<input type="checkbox"/> together with the class fee	
Date of transfer (DD/MM/YYYY)	/ /		

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* DD/MM/YYYY