



FOR BUREAU FOR INTELLECTUAL PROPERTY USE ONLY

**Registration number :**

**VD-number:**

**Expiration date:**

**VD-date:**

**Applicant's name** (Name and first name or denomination and legal structure)

Name:

Street address:

Postal code and Place:

Country:

E-mail address:

**Authorized Agent** (if any)

Name:

Street address:

No. of agent:

E-mail address:

**Trademark**

Registration number:

**Partial renewal of goods and services:**

yes  no

If so, state number of classes of goods and services here

**Color(s):**

**Trademark:**

*If word mark: indicate clearly in the square*

*If image: place the reproduction of the mark in the square*



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Registration number:

VD-number:

Expiration date:

VD-date:

**Amount of fees**

**For registrar use only  
by Bureau**

**Renewal**

Individual mark: fl.

Registered :

Collective mark: fl.

Paraph :

Supplementary fee per class of goods &  
services higher than the third: fl.

Additional right after expiry date: fl.

Supplementary fees for: fl.

**TOTAL fl.**

**Specification of goods and services of trademark arranged in sequence of classes:**

**Signing**

Name:

Signature:

In capacity of:

Date:

**Method of payment** (evidence enclosed)

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> Transfer Giro account | <input type="checkbox"/> Deposit Giro account | <input type="checkbox"/> Cheque |
| <input type="checkbox"/> Transfer Bank account | <input type="checkbox"/> Deposit Bank account | <input type="checkbox"/> Cash   |