

MADRID AGREEMENT AND PROTOCOL CONCERNING THE
INTERNATIONAL REGISTRATION OF MARKS

**APPLICATION FOR INTERNATIONAL REGISTRATION
GOVERNED EXCLUSIVELY BY THE MADRID AGREEMENT**

(Rule 9 of the Common Regulations)

IMPORTANT

1. The present **MM1** form is to be used where the international application is governed **exclusively by the Madrid Agreement**. This will be the case:
 - where the *Office of origin* (see items 1 and 3) is the Office of a Contracting State which is bound *by the Madrid Agreement only*, or
 - where the *Office of origin* is the Office of a Contracting State which is bound *by both the Madrid Agreement and the Protocol*, and where all the designated Contracting States are *party to the Agreement but not to the Protocol*.
2. If the international application is governed exclusively by the Madrid Protocol, the form to be used is form **MM2**. If it is governed by both the Madrid Agreement and the Protocol, the form to be used is form **MM3**.
3. This form **must be sent to the Office of origin**. It must **not** be sent directly to the International Bureau.



World Intellectual Property Organization
34, chemin des Colombettes, P.O. Box 18,
1211 Geneva 20, Switzerland
Tel.: (41-22) 338 9111
Fax (International Trademark Registry): (41-22) 740 1429
e-mail: intreg.mail@wipo.int – Internet: <http://www.wipo.int>

APPLICATION FOR INTERNATIONAL REGISTRATION GOVERNED EXCLUSIVELY BY THE MADRID AGREEMENT

<p style="text-align: center;"><u>For use by the applicant</u></p> <p>This international application includes the following number of:</p>	<p style="text-align: center;"><u>For use by the applicant/Office</u></p> <p>Applicant's reference:</p> <p>Office's reference:</p>
--	--

1 CONTRACTING STATE WHOSE OFFICE IS THE OFFICE OF ORIGIN
.....

2 APPLICANT

(a) Name:

(b) Address:

(c) Address for correspondence:

(d) Telephone: Fax:

E-mail address:

(e) Preferred language for correspondence: English French Spanish

3 ENTITLEMENT TO FILE

(a) Check the appropriate box:

(i) the applicant has a real and effective industrial or commercial establishment in the territory of the Contracting State mentioned in item 1;

(ii) if there is no such establishment in a Contracting State of the Agreement, the applicant is domiciled in the Contracting State mentioned in item 1;

(iii) if there is no such establishment or domicile in a Contracting State of the Agreement, the applicant is a national of the Contracting State mentioned in item 1.

(b) Where the address of the applicant, given in item 2(b), is not in the territory of the Contracting State mentioned in item 1, indicate in the space provided below:

(i) if the box corresponding to paragraph (a)(i) of the present item has been checked, the address of the applicant's industrial or commercial establishment in that State, or

(ii) if the box corresponding to paragraph (a)(ii) of the present item has been checked, the domicile of the applicant in that State.

.....

.....

4 APPOINTMENT OF A REPRESENTATIVE (if any)

Name:

Address:

.....

Telephone: Fax:

E-mail address:

5

BASIC REGISTRATION

Basic registration number:

Date of the basic registration: (dd/mm/yyyy)

6

PRIORITY CLAIMED

The applicant claims the priority of the earlier filing mentioned below:

Office of earlier filing:

Number of earlier filing (if available):

Date of earlier filing: (dd/mm/yyyy)

If the earlier filing does not relate to all the goods and services listed in item 10 of this form, indicate in the space provided below the goods and services to which it does relate:

.....
.....
.....

If several priorities are claimed, check box and use a continuation sheet giving the above required information for each priority claimed.

7

THE MARK

(a) Place the reproduction of the mark, as it appears in the basic registration, in the square below.

[Empty square for mark reproduction]

(b) Where the reproduction in item (a) is in black and white and color is claimed in item 8, place a color reproduction of the mark in the square below.

[Empty square for color mark reproduction]

(c) The applicant declares that he wishes the mark to be considered as a mark in standard characters.

(d) The mark consists of a color or a combination of colors as such.

Where the Office of origin has addressed this form by facsimile, the present space must be completed before addressing the original of this page to the International Bureau.

Number of basic registration or Office reference as shown on the first page of this form:

.....

Signature by the Office of origin:

8

COLOR(S) CLAIMED

(a) The applicant claims color as a distinctive feature of the mark.

Color or combination of colors claimed:
.....
.....

(b) Indication, for each color, of the principal parts of the mark that are in that color (as may be required by certain designated Contracting States):

.....
.....
.....

9

MISCELLANEOUS INDICATIONS

(a) Transliteration of the mark (this information is compulsory where the mark consists of or contains matter in characters other than Latin characters, or numerals other than Arabic or Roman numerals):

.....
.....

(b) Translation of the mark (as may be required by certain designated Contracting States):

(i) into English:

.....

(ii) into French:

.....

(iii) into Spanish:

.....

(c) The words contained in the mark have no meaning (and therefore cannot be translated).

(d) Where applicable, check the relevant box or boxes below:

Three-dimensional mark

Sound mark

Collective mark, certification mark, or guarantee mark

(e) Description of the mark (where applicable):

.....
.....

(f) Verbal elements of the mark (where applicable):

.....
.....

(g) The applicant declares that he wishes to disclaim protection for the following element(s) of the mark:

.....
.....
.....

10

GOODS AND SERVICES

(a) Indicate below the goods and services for which the international registration is sought:

Please use font "Courier New" or "Times New Roman", size 12 pt, or above

Class

Goods and services

(b) The applicant wishes to **limit** the list of goods and services in respect of one or more designated Contracting States, as follows:
Please use font "Courier New" or "Times New Roman", size 12 pt, or above

Contracting State
 protection is sought in this Contracting State

Class(es) or list of goods and services for which

If the space provided is not sufficient, check the box and use a **continuation sheet**

11**DESIGNATED CONTRACTING STATES**

Check the corresponding boxes:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> AL Albania | <input type="checkbox"/> DE Germany | <input type="checkbox"/> LI Liechtenstein | <input type="checkbox"/> PT Portugal |
| <input type="checkbox"/> AM Armenia | <input type="checkbox"/> DZ Algeria | <input type="checkbox"/> LR Liberia | <input type="checkbox"/> RO Romania |
| <input type="checkbox"/> AT Austria | <input type="checkbox"/> EG Egypt | <input type="checkbox"/> LS Lesotho | <input type="checkbox"/> RS Serbia |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> ES Spain | <input type="checkbox"/> LV Latvia | <input type="checkbox"/> RU Russian Federation |
| <input type="checkbox"/> BA Bosnia and Herzegovina | <input type="checkbox"/> FR France | <input type="checkbox"/> MA Morocco | <input type="checkbox"/> SD Sudan |
| <input type="checkbox"/> BG Bulgaria | <input type="checkbox"/> HR Croatia | <input type="checkbox"/> MC Monaco | <input type="checkbox"/> SI Slovenia |
| <input type="checkbox"/> BT Bhutan | <input type="checkbox"/> HU Hungary | <input type="checkbox"/> MD Republic of Moldova | <input type="checkbox"/> SK Slovakia |
| <input type="checkbox"/> BX Benelux | <input type="checkbox"/> IR Iran (Islamic Republic of) | <input type="checkbox"/> ME Montenegro | <input type="checkbox"/> SL Sierra Leone |
| <input type="checkbox"/> BY Belarus | <input type="checkbox"/> IT Italy | <input type="checkbox"/> MK The former Yugoslav
Rep. of Macedonia | <input type="checkbox"/> SM San Marino |
| <input type="checkbox"/> CH Switzerland | <input type="checkbox"/> KE Kenya | <input type="checkbox"/> MN Mongolia | <input type="checkbox"/> SY Syrian Arab Republic |
| <input type="checkbox"/> CN China | <input type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> MZ Mozambique | <input type="checkbox"/> SZ Swaziland |
| <input type="checkbox"/> CU Cuba | <input type="checkbox"/> KP Democratic People's
Republic of Korea | <input type="checkbox"/> NA Namibia | <input type="checkbox"/> TJ Tajikistan |
| <input type="checkbox"/> CY Cyprus | <input type="checkbox"/> KZ Kazakhstan | <input type="checkbox"/> PL Poland | <input type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> CZ Czech Republic | | | <input type="checkbox"/> VN Viet Nam |

Others:

12**SIGNATURE BY THE APPLICANT OR HIS REPRESENTATIVE**

(if required or allowed by the Office of origin)

..... (dd/mm/yyyy)

13**CERTIFICATION AND SIGNATURE OF THE INTERNATIONAL APPLICATION BY THE OFFICE OF ORIGIN**

(a) Certification

The Office of origin certifies

- (i) that the request to present this application was received, or, as provided in Rule 11(1) of the Regulations, is deemed to have been received, on (dd/mm/yyyy).
- (ii) that the applicant named in item 2 is the same as the holder named in the basic registration mentioned in item 5, that any indication given in item 7(d), 9(d) or 9(e) appears also in the basic registration, that the mark in item 7(a) is the same as in the basic registration, that, if color is claimed as a distinctive feature of the mark in the basic registration, the same claim is included in item 8 or that, if color is claimed in item 8 without having being claimed in the basic registration, the mark in the basic registration is in fact in the color or combination of colors claimed, and that the goods and services listed in item 10 are covered by the list of goods and services appearing in the basic registration.

Where the international application is based on two or more basic registrations, the above declaration shall be deemed to apply to all those basic registrations.

(b) Office's signature:

Date of signature: (dd/mm/yyyy)

FEE CALCULATION SHEET

(a) INSTRUCTIONS TO DEBIT FROM A CURRENT ACCOUNT

The International Bureau is hereby instructed to debit the required amount of fees from a current account opened with the International Bureau (if this box is checked, it is not necessary to complete (b)).

Holder of the account: Account number:

Identity of the party giving the instructions:

(b) AMOUNT OF FEES (see Fee Calculator: www.wipo.int/madrid/en/fees/calculator.jsp)

Basic fee: 653 Swiss francs if the reproduction of the mark is in black and white only and 903 Swiss francs if there is a reproduction in color. (For international applications filed by applicants whose country of origin is a Least Developed Country, in accordance with the list established by the United Nations (www.wipo.int/ldcs/en/country), 65 Swiss francs if the reproduction is in black and white only and 90 Swiss francs if there is a reproduction in color.)

Complementary and supplementary fees:

Number of designations for which complementary fee is applicable		Complementary fee		Total amount of the complementary fees
.....	x	100 Swiss francs	= =>

Number of classes of goods and services beyond three		Supplementary fee		Total amount of the supplementary fees
.....	x	100 Swiss francs	= =>

GRAND TOTAL (Swiss francs)

(c) METHOD OF PAYMENT

Identity of the party effecting the payment:

Payment received and acknowledged by WIPO WIPO receipt number

Payment made to WIPO bank account Payment identification dd/mm/yyyy
 IBAN No. CH51 0483 5048 7080 8100 0

Payment made to WIPO postal account Payment identification dd/mm/yyyy
 IBAN No. CH03 0900 0000 1200 5000 8

CONTINUATION SHEET

No : of

[Empty form area]