DISPUTE REQUEST FORM FOR TRADEMARK AGENTS AND TRADEMARK HOLDERS

Complainant Details:
Name of the complainant: 

NOTE: The complainant desiring to challenge a decision of the Clearinghouse is required to fill in the present form and send it to Dispute@trademark-clearinghouse.com.

Name of the Representative of the Complainant: 

E-mail address of the Complainant: 

Disputed Trademark Details:
ID number of the Trademark Record: 

Name of Trademark: 

Name of the Trademark Holder associated with the Trademark Record: 

Dispute Details:
Describe briefly the Reason for the Dispute: 

Representation, Warranty and Acknowledgement:
COMPLAINANT PARTY: 
Name: 

Signature: Date: 

X