



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: