



Visioncare Certification TRADEMARK REQUEST FORM

The undersigned requests you to kindly apply for the registration under the Trade Marks Act as per the details enclosed below:

1. Name of the Applicant(s): (Name of Proprietor/ All Partners/ Any one Director)	
2. Nationality:	
3. Name of the Business/Company:	
4. Business Entity (Tick any one)	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Pvt. Ltd. <input type="checkbox"/> Society <input type="checkbox"/> Trust
5. Full Business Address with Pin code:	
6. Business Type: (Tick one or more)	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Trader <input type="checkbox"/> Service Provider
7. Designation of the Applicant: (Director/Proprietor/Partner etc.)	<input type="checkbox"/> Director <input type="checkbox"/> Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> if other, specify
8. Phone number:	
9. Email:	
10. Word Mark in Text: (In case of Logo please enclose soft copy or 1 hard copy)	<input type="checkbox"/> Word Mark <input type="checkbox"/> Logo
11. Date from which Brand/Mark/Logo is used: (DD/MM/YYYY)	
12. Trademark Class: <i>If not known, please left the column blank or logon to:-</i>	
13. Description of Goods & Services: (Details of your goods & services is required within 500 characters)	

I hereby confirm & agree that trademark application is subject to objection/opposition and may be refused by competent authority and in such case I shall be solely responsible for cost & consequences and will not claim anything thereafter:-

Date:

Signature of the Applicant(s)

Place:

(Seal of the company)