**IKP KNOWLEDGE PARK**

**IKP Platform for Regional IP Management Ecosystem (IKP-PRIME)**

**Trademark Filing Requisition Form**

Attorney-client privilege - Confidential

Name of Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(IKP PRIME file Id.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

GST No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TM Requisition No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the following details:

1. Name of applicant (organization/startup/company/institute):
2. Full address of the applicant:
3. Nature of the applicant organization (startup/MSME/large company):
4. *Provide certificate copy(s) related to the nature of the applicant* (Company registration certificate/Udyog Aadhar/MSME registration certificate/DPIIT certificate etc).
5. Name of authorized signatory of the applicant:
6. Age of the authorized signatory:
7. Father’s name of the authorized signatory:
8. Designation of the authorized signatory at the applicant entity:
9. Full address of the authorized signatory:
10. Email address of the authorized signatory:
11. Category of mark (Word, logo, device):
12. Name of the mark:
13. Paste logo (if applicable):

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*Also, provide additional logo in .jpg and .jpeg formats.*

1. Description of mark:
2. Description of the product/services for which the mark is/proposed to be used:
3. Class (if known):
4. Date of use:
5. *Attach all documentary proofs for the first use and continuous use (at regular intervals) of the mark.*
6. If not used, proposed time frame in which the mark will be used:

I/We acknowledge and verify that the above information is true and correct to the best of my/our knowledge, and I/we request IKP-PRIME to proceed to do the needful based on the above information.

**Name(s) & Signature(s):**

Contact details

Office/billing address:

E-mail address:

Phone no.:

Date: