

# TRADE MARK DISCLOSURE FORM



## CONTACT INFORMATION:

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**Your Name:**

**Business Name:**

**Address:**

**Postcode:**

**Telephone:**

**Email:**

## TRADE MARK(s):

Representation of the Trade Mark(s)

## GOODS OR SERVICES:

Goods or services which are being sold/traded already - or will be - with the Trade Mark

## WHEN COMPLETE PLEASE SEND OR FAX THIS FORM TO:

R Mack, ipconsult, 21A Commercial Road, Swanage, Dorset BH19 1DF

Fax number: 01929 421341

[www.ipconsult.co.uk](http://www.ipconsult.co.uk)