
Mail to: trademarks@bip.sx
www.bip.sx

1 Contact information

Reference

•

Contact person

•

Telephone

•

E-mail

•

2 Bank details (*see explanatory notes*)

Bank account number

•

In the name of

•

3 Applicant

Surname and first name, or corporate name and legal form

•

Address

•

House number

•

Zip code

•

City

•

Country

•

P.O. Box (*optional, see explanatory notes*)

•

Zip code

•

City

•

Country

•

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4 Representative

Name

•

Company name *(if applicable)*

•

Address

•

House number

•

Zip code

•

City

•

Country

•

5 Individual or collective mark

Individual

Collective

6 Type of trademark

Word mark

Combination of word mark and figurative mark

Figurative mark

Other:

7 Colour(s) *(optional, see explanatory notes)*

•

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8 Representation of the trademark

In case of a word mark, please indicate it in the appropriate box. In case of a figurative mark, please add the logo to the appropriate box.

9 Right of priority based on earlier application (see explanatory notes)

Country

•

In the name of

•

Filing number

•

Filing date

•

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10 List of goods and/or services *(see explanatory notes)*

Class number(s)	Description
-----------------	-------------

•

•

•

•

•

•

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11 Fees

Application

XCG

Additional fee for each class in addition to the third class:
To calculate this fee, please indicate the total number of classes

Total

12 Payment (*see explanatory notes*)

I will transfer the full amount to your account
Debiting your current account with BOIP
BOIP number:

13 Attachment(s) (*see explanatory notes*)

•

14 Signature

Name

Date

•

•

Position

Signature

•

•