

Dr. KB IPR CONSULTANCY, CHENNAI

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Mobile: 8610278933

Trade Marks Disclosure Form

Date:

I. TRADE MARK TO BE REGISTERED

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II. CONTACT INFORMATIONS

1. Details of the main proprietor:

Name (Official Designation & Address with Phone No)	Permanent Address with Phone No	Citizenship	Mobile No's	E mail id

2. Details of the additional proprietors:

S.No	Name (Official Designation & Address with Phone No)	Permanent Address with Phone No	Citizenship	Mobile No's	E mail id
1					
2					
3					

3. To whom communication has to be sent (Name, Address, Telephone No, Mobile No, E-mail Id, etc):

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III. INFORMATION FOR TRADEMARK REGISTRATION

1. Whether you want to Register a **Word mark/Device (logo)/Colour/3D/Sound**:

2. Name of the Trade mark to be registered:

(Provide exact content which has to be registered for trade mark)

3. Name of the Logo to be registered as Trade mark:

(Provide correct aspect ratio, size, colours of logo, etc, which has to be trademarked)

4. Trade Description: (please tick appropriate trade of yours)

Goods Services

5. Please explain the type of Goods or Services:

6. Whether the trade mark is proposed to be used (Yes/No):

7. If already used, date of trade mark first used (attach any proof):

8. Name of the Company and its address:

9. Whether the company is Individual /Startup/MSME/Others:

10. Other information (if any)

11. Annexures enclosed (for proof of usage):

IV. SIGNATURE

I/We the undersigned inventor(s), through my/our activities at _____,

hereby, declare that any information pertaining to the above furnished inventions, ideas, trademarks, copyrights, designs, etc are results of my/our true works. I acknowledge that Dr. KB IPR CONSULTANCY, Chennai is accepting this information for review purposes only. I/We also understand that any comments, suggestions, reports, etc which I/We receive review based upon this analysis is neither meant nor understood to be a conclusive legal opinion. Further, I/We agree that Dr. KB IPR CONSULTANCY, Chennai cannot be held responsible for acceptance or rejection or any other office actions of my/our inventions, creations, copyrights, trademarks, designs by appropriate authorities. I/We hereby disclose this "Invention" to the Dr. KB IPR CONSULTANCY, Chennai on the date signed below.

Signature of the Inventor(s) (add Inventors if needed)

By :	By:
Name :	Name:
Date:	Date:

Please submit the soft copy of the completed Invention Disclosure Form (IDF) with scanned copy of this page with signature by email to

drkbipr@gmail.com

Payment shall be made in the form of Demand Draft/Cheque /online Payment/Gpay/Phone pay in favor of

"Dr. KB IPR CONSULTANCY"

Payable at **CHENNAI**

Bank Details:

Name of the Account: Dr. KB IPR CONSULTANCY

Bank Name: State Bank of India (SBI)

Account Number: 41214346282

Branch: Anna University, Chennai

IFSC code: SBIN0006463

Or

Gpay no: **86102 78933**

In case of any further clarifications email us at drkbipr@gmail.com or call +91-**86102 78933**

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