

DISPUTE REQUEST FORM FOR THIRD PARTIES

Complainant Details

Name of Complainant or Representative

Address of Complainant

Country

Province/State

City

Postal/Zip Code

VAT Number (if applicable)

Complainant E-Mail Address

Disputed Mark Details

Mark Identification Number

Name of the Mark

Name of the Mark Holder Associated With the Mark

Dispute Details

Reasons for Dispute

The complainant certifies that the information contained in this submission is, to the best of complainant's knowledge, both complete and accurate, that this dispute is not being used for any improper purpose, and that the assertions in this submission are warranted under applicable law.

The complainant exempts from liability and waives any right of recourse against the registry, the MVS Provider, and/or the panellist(s) (as well as their respective directors, employees, officers and agents) from any loss, damage, or claim related to or arising from the subject matter of this dispute.

Warranty and Acknowledgement

Complainant or Complainant Party Name

Signature

Date