



OFFICE FOR HARMONIZATION IN THE INTERNAL MARKET

RECORDAL APPLICATION

CTM ☐RCD ☐Total number of pages
(including this one)

Applicant/representative reference (not more than 20 characters)

Mod.008

1. Recordal applicant

ID number ☐ legal entity☐ natural personName of legal entity or first
name and surname

Legal form of the entity

Tel, fax, e-mail

Address

Street and number

City and postal code

Country

Postal address
(if different)

Nationality

2. RCD/CTM owner/applicant

ID number ☐ legal entity☐ natural personName of legal entity or
first name and surname

Tel, fax, e-mail

Address

Street and number

City and postal code

Country

Postal address
(if different)

Nationality

3. RCD/CTM assignee or right holder
(if not recordal applicant)ID number ☐ legal entity☐ natural personName of legal entity or
first name and surname

Tel, fax, e-mail

Address

Street and number

City and postal code

Country

Postal address
(if different)

Nationality

If assignee is domiciled or operates outside the EU, has a representative authorised to represent third parties before the OHIM been appointed?

☐ Yes☐ No4. Representative of
recordal applicantID number

Name

Tel, fax, e-mail

Address

Street and number

City and postal code

Country

Postal address
(if different)

Type of representative

☐ legal practitioner☐ professional representative☐ association of representatives☐ employee

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5. Type of recordal

- ☐ Total transfer
- (1) (2) ☐ Partial transfer
- (1) (2) ☐ Division
- (2) ☐ Seniority claim (post-registration)
- (1) (2) ☐ Cancellation of seniority claim
- (1) ☐ Right in rem
- (1) ☐ Cancellation of right in rem
- ☐ Alteration of the mark
- (1) ☐ Levy of execution

- (1) ☐ Licence
- ☐ exclusive ☐ non-exclusive
- ☐ limited territorially, refer to point 6
- ☐ limited in time
- ☐ cancellation of licence

(3) ☐ Others

Documentary evidence for recordal ☐ attached ☐ to follow

6. For post-registration seniority claims and licences, specify Member State(s) concerned by recordal

Member State(s) ☐ continuation sheet(s)

Specify, for seniority claims only, any or all of the following (use continuation sheet(s) if more than one seniority is claimed):

Registration number

Application date (DD/MM/YYYY) / /

☐ continuation sheet(s)

7. List of goods and services involved (please specify):

☐ continuation sheet(s)

8. Application number(s) or registration number(s) of Community trade mark(s) or design(s) involved (specify):

☐ continuation sheet(s)

9. Payment of fees (if applicable)

Total €

Current account with OHIM

- ☐ Account No
- ☐ Do not use my current account with OHIM

Transfer to account of OHIM

- ☐ Banco Bilbao Vizcaya Argentaria
- ☐ La Caixa

Date of transfer (DD/MM/YYYY) / /

10. Signature

Name of recordal applicant

Signature

☐ I am the representative for both parties

11. Signature of any other involved party

Name

☐ assignee ☐ proprietor ☐ right holder

Signature

⁽¹⁾ If limited to certain goods and services, refer to point 7

⁽²⁾ For CTM only

⁽³⁾ Please use OHIM Form, Mod. TM 010 if you are making a request for conversion