



National Business Register Plc

Passing Off Complaint Form

SECTION A ABOUT YOUR COMPANY...

PLEASE COMPLETE ALL QUESTIONS

1. Your Business Name

2. Are you currently trading under that name?

3. What is your nature of business?

4. Full name(s) and title(s) of Proprietor/Partners/directors, or Limited Company that owns the business name

Name

Title

5. Trading Address

Post code

6. Telephone number

Fax number

7. What date did you start trading in this name

8. Your Registration number

9. Do you wish to receive copy correspondence?

Yes

No

10. Do you hold a registered mark, brand or logo under the Trade Marks Act 1994?

Yes

No

If yes, please supply copy

11. Did you request a Trade Mark search at the time of registration?

Yes

No

12. Please supply a history of your business in the space provided. (Continue overleaf if necessary.)

SECTION B ABOUT THE OFFENDING PARTY...

All of these details must be fully completed to enable us to proceed

13. What is the offending business name?

14. What is their full UK trading address?

Trading Address

Post code

Telephone number

Fax number

15. What is their nature of business?

16. How long have they been established?

17. How long have you been aware of them?

18. Are they within your trading area?

Yes

No

19. What do you know about the history of the offending business?

20. Are the proprietors of the offending business relatives of yours or former business partners? (If yes, please give details.)

Four empty rectangular boxes for providing details.

Are they ex-employees or ex-clients of yours? (If yes, please give details.)

Four empty rectangular boxes for providing details.

21. Have you had any contact with the offending business?

Yes No Included

Please supply any details or copies of letters, etc.

Five empty rectangular boxes for providing details.

22. Please supply any evidence of Passing Off, ie. misrepresentation, damage, or any loss of trade.

Four empty rectangular boxes for providing evidence.

23. If possible, please enclose any details of their advertising literature, stationery, etc. Also include any other facts that you wish to advise us of.

Included

DISCLAIMER:

I have disclosed all true facts to the best of my knowledge and belief and have not omitted any relevant matters.

SIGNED

Empty rectangular box for signature.

PRINT NAME

Empty rectangular box for printed name.

DATE

Empty rectangular box for date.

POSITION IN COMPANY

Empty rectangular box for position in company.

ADDITIONAL INFORMATION

Multiple empty rectangular boxes for additional information.

ISSUED / /

RECEIVED / /

INTERNAL USE ONLY

- 1. Registration valid? Yes No
- 2. Relevant disclaimers? Yes No
- 3. Outstanding payments? Yes No
- 4. TM Infringement? Yes No
- 5. Partnership/contractual dispute? Yes No
- 6. Proceed? Yes No
- 7. Order Company Search? Yes No

