



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

Empty text box for details.

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

Empty text box for details.

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

Yes  No  Included

Please supply any details or copies of letters, etc.

Empty text box for details.

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

Empty text box for 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 text box for signature.

PRINT NAME

Empty text box for print name.

DATE

Empty text box for date.

POSITION IN COMPANY

Empty text box for position.

**ADDITIONAL INFORMATION**

Large empty text box for additional information.

ISSUED

ISSUED date input fields:  /  /

RECEIVED

RECEIVED date input fields:  /  /

**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

