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**Name of the country**

**GEOGRAPHICAL INDICATION ACT**

**Form No. XXXX**

**REQUEST TO REFUSE OR INVALIDATE REGISTRATION OF MISLEADING MARK**

**(Pursuant to section 36 of the GI Act)**

**(For official use only)**

[Country]:  
Date of receipt/Filing :  
Fees received on:  
IPO stamp

**I. IN THE MATTER OF:**

Application for Registration/Registration No.\* of Mark:

Filing/Registration\*

Date:

Application/Registration\* Published in the periodical

N°..... Page.....Date....

**II – APPLICANT(S)/NAME**

(Principal applicant must complete this section)

(a) Name :.....

(b) Address :.....

Phone Number: .....Fax Number: .....

Email : .....

(c) Nationality or citizenship/country: .....

(d) Legal status :.....

(e) Address for service in COUNTRY

**III – REPRESENTATIVE/ATTORNEY-AT-LAW/DULY AUTHORIZED AGENT**

The following (Attorney-at-Law) has been appointed by the Applicant in Authorization of Agent

- Accompanying this Form
- To be filed within 2 months from the filing of the application for registration (Regulation XXXX)

Name and Address for communication

.....  
.....

Phone Number:..... Fax Number: .....

Email : .....

Where an Attorney-at-Law has been appointed, the address of the Attorney-at-law shall be treated as the address to which any communication shall be transmitted (Regulation XXXX).

**IV – GROUNDS FOR REQUEST**

The grounds for request to refuse or to invalidate the registration of the above identified mark are as follow

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....  
.....  
.....

Additional information

- Is contained in the Annexed Schedule which is incorporated in this Form
- Supporting evidence accompanies this form

**IV – FEES**

- Accompanying this Form

**V – ANNEXES SCHEDULE**

- A- Power of Attorney;
- B- Statute and Regulations of the Applicant;
- C- Supporting evidence
- D- Related documents required by the Department of Intellectual Property Rights;
- E- Fee payment

**VI- SIGNATURE OF THE APPLICANT OR ATTORNEY-AT-LAW**

- A- **Signature:** .....
- B- **Name of Signatory:** .....
- C- **Title:** .....
- D- **Date:** .....

<p><b>(For official use only)</b> [Country]: Date of receipt/Filing : Fees received on: IPO stamp</p>
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**ANNEX**

If the space provided in any of the boxes is insufficient, use traditional sheets and attached to this form.

DRAFT