

1 Copy for the initial Member State	<b>1</b> Details of applicant (i.e. right holder within meaning of Article 2(2) of Regulation (EC) Nr 1383/2003 <input type="checkbox"/> Name: gh Function: Address: Town: Postcode: Country: VAT Nr: Tel.: Mobile Nr: Fax Nr: E mail address: Internet address:	<b>2</b> Date of receipt of the application for action by the designated customs department (within the meaning of Article 5(2) of Regulation (EC) 1383/2003  DD/MM/YY: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	<b>Intellectual property rights APPLICATION FOR ACTION BY CUSTOMS AUTHORITIES under Article 5(4) of reg. (EC) Nr 1383/2003</b>	
	<b>3</b> Name and address of competent authority to which application is made (see Annex II-C attached for details):	

**4 Status of applicant (within meaning of Article 2(2) of regulation (EC) 1383/2003 (1))**

<input type="checkbox"/> Right holder (*)	<input type="checkbox"/> Right holder's representative (*)
<input type="checkbox"/> Authorised user to the right (*)	<input type="checkbox"/> Representative of authorised user (*)

**5 Type of right to which application refers:**

<input type="checkbox"/> Community trademark (2)	<input type="checkbox"/> Community design (3) right
<input type="checkbox"/> Supplementary protection certificate (4)	<input type="checkbox"/> Geographical indication (protected by the Community) (4)
<input type="checkbox"/> Designation of origin protected by the Community (5)	<input type="checkbox"/> Community protected plant variety right (6)
<input type="checkbox"/> Geographical designations for spirit drinks (7)	

<input type="checkbox"/> AT	<input type="checkbox"/> BE	<input type="checkbox"/> CY	<input type="checkbox"/> CZ	<input type="checkbox"/> DE	<input type="checkbox"/> DK	<input type="checkbox"/> EE	<input type="checkbox"/> EL	<input type="checkbox"/> ES	<input type="checkbox"/> FI	<input type="checkbox"/> FR	<input type="checkbox"/> HU
<input type="checkbox"/> IE	<input type="checkbox"/> IT	<input type="checkbox"/> LT	<input type="checkbox"/> LU	<input type="checkbox"/> LV	<input type="checkbox"/> MT	<input type="checkbox"/> NL	<input type="checkbox"/> PL	<input type="checkbox"/> PT	<input type="checkbox"/> SE	<input type="checkbox"/> SI	<input type="checkbox"/> SK
<input type="checkbox"/> UK											

**7. I attach essential technical data on the authentic goods:**

<input type="checkbox"/> Number of documents attached (8)	<input type="checkbox"/> Number of photos attached: (8)
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**8. I attach specific information concerning the type or pattern of fraud:**

<input type="checkbox"/> Number of documents attached (8)	<input type="checkbox"/> Number of photos attached: (8)
---	---

<b>9. I attach document(s) attesting to the fact that the applicant holds the right for the goods in question within the meaning of Article 2.2 of Regulation (EC) 1383/2003 (**)</b>  <input type="checkbox"/> Number of documents attached (8)	<b>10. I attach the undertaking laid down in Article 6 of Reg. (EC) Nr 1383/2003, assuming liability in the situations outlined in that article (*):</b>  <input type="checkbox"/> Undertaking attached
--	---

**11. Right holder's contact person in the other Member States where action is requested (9)**

**ADMINISTRATIVE QUESTIONS (e.g. lawyer)**

<input type="checkbox"/> AT	See attached list	<input type="checkbox"/> BE	See attached list
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile Nr:		Mobile Nr:	
Fax Nr:		Fax Nr:	
E mail address:		E mail address:	
<input type="checkbox"/> CY	See attached list	<input type="checkbox"/> CZ	See attached list
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile Nr:		Mobile Nr:	
Fax Nr:		Fax Nr:	
E mail address:		E mail address:	

<input type="checkbox"/> DE <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> DK <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> EE <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> EL <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> ES <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> FI <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> FR <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> HU <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> IE <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> IT <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> LT <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> LU <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> LV <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> MT <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> NL <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> PL <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____

<input type="checkbox"/> PT	See attached list	<input type="checkbox"/> SE	See attached list
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile Nr.:		Mobile Nr.:	
Fax Nr.:		Fax Nr.:	
E mail address:		E mail address:	

<input type="checkbox"/> SI	See attached list	<input type="checkbox"/> SK	See attached list
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile Nr.:		Mobile Nr.:	
Fax Nr.:		Fax Nr.:	
E mail address:		E mail address:	

<input type="checkbox"/> UK	See attached list
Name:	
Address:	
Tel.:	
Mobile Nr.:	
Fax Nr.:	
E mail address:	

**12. Right holder's contact person in the other Member States where action is requested (10)**

**TECHNICAL QUESTIONS (e.g. expert)**

<input type="checkbox"/> AT	See attached list	<input type="checkbox"/> BE	See attached list
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile Nr.:		Mobile Nr.:	
Fax Nr.:		Fax Nr.:	
E mail address:		E mail address:	

<input type="checkbox"/> CY	See attached list	<input type="checkbox"/> CZ	See attached list
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile Nr.:		Mobile Nr.:	
Fax Nr.:		Fax Nr.:	
E mail address:		E mail address:	

<input type="checkbox"/> DE	See attached list	<input type="checkbox"/> DK	See attached list
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile Nr.:		Mobile Nr.:	
Fax Nr.:		Fax Nr.:	
E mail address:		E mail address:	

<input type="checkbox"/> EE	See attached list	<input type="checkbox"/> EL	See attached list
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile Nr.:		Mobile Nr.:	
Fax Nr.:		Fax Nr.:	
E mail address:		E mail address:	

<input type="checkbox"/> ES	See attached list	<input type="checkbox"/> FI	See attached list
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile Nr.:		Mobile Nr.:	
Fax Nr.:		Fax Nr.:	
E mail address:		E mail address:	

<input type="checkbox"/> FR <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> HU <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> IE <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> IT <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> LT <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> LU <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> LV <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> MT <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> NL <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> PL <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> PT <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> SE <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> SI <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> SK <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> UK <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	

<b>13. Any other information in the right holder's possession, e.g.:</b>		
Country or countries of production	Number of documents attached (8)	<input style="width: 40px; height: 20px;" type="text"/>
Routes used by traffickers	Number of documents attached (8)	<input style="width: 40px; height: 20px;" type="text"/>
Technical differences between the authentic and the suspect goods:	Number of documents attached (8)	<input style="width: 40px; height: 20px;" type="text"/>
Tariff heading in the CN:	<input style="width: 100px; height: 20px;" type="text"/>	
Other useful information	Number of documents attached (8)	<input style="width: 40px; height: 20px;" type="text"/>
<b>14. Date of filling application:</b>		
Date on which drawn up DD/MM/YY:	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	Place: <input style="width: 200px; height: 20px;" type="text"/>
		Applicant's signature (***) <input style="width: 200px; height: 20px;" type="text"/>
<b>15. DECISION BY CUSTOMS AUTHORITIES (within the meaning of Article 5(7) and (8) of Regulation 'EC' 1383/2003)</b>		
<input type="checkbox"/> The application is approved	Registr. Number of AA: <input style="width: 150px; height: 20px;" type="text"/>	
Date: DD/MM/YY:	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	Signature and stamp
Place:		
<input type="checkbox"/> The application is valid until:	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	
Any request for extension of the validity period should be sent to the competent authority of Box 3, at the latest 30 working days before the validity of the application expires.		
<input type="checkbox"/> The application has been refused		
A reasoned decision stating the grounds for refusal and information concerning the appeal procedure are attached.		
Date: DD/MM/YY:	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	Signature and stamp
Place:		
<b>16. ACKNOWLEDGEMENT OF RECEIPT</b>		
Concerning application made by	<input style="width: 400px; height: 20px;" type="text"/>	(Name of the applicant)
<input type="checkbox"/> AT <input type="checkbox"/> BE <input type="checkbox"/> CY <input type="checkbox"/> CZ <input type="checkbox"/> DE <input type="checkbox"/> DK <input type="checkbox"/> EE <input type="checkbox"/> EL <input type="checkbox"/> ES <input type="checkbox"/> FI <input type="checkbox"/> FR <input type="checkbox"/> HU <input type="checkbox"/> IE <input type="checkbox"/> IT <input type="checkbox"/> LT <input type="checkbox"/> LU <input type="checkbox"/> LV <input type="checkbox"/> MT <input type="checkbox"/> NL <input type="checkbox"/> PL <input type="checkbox"/> PT <input type="checkbox"/> SE <input type="checkbox"/> SI <input type="checkbox"/> SK <input type="checkbox"/> UK		
NAME:		SIGNATURE AND STAMP:
PLACE AND DATE OF RECEPTION:		

(\*) See box 9 (for further information see "Notes on completion", Annex II-A).

(1) Tick the appropriate box(es).

(2) Reg. (EC) Nr 40/94.

(3) Reg. (EC) Nr 6/2002.

(4) Reg. (EEC) Nr 1768/92 or Reg. (EC) Nr 1610/96.

(5) Reg. (EEC) Nr 2081/92 and Reg. (EC) Nr 1493/94.

(6) Reg. (EC) Nr 2100/94.

(7) Reg. (EC) Nr 1576/89.

(8) Insert the relevant number, if none are attached, insert "0"

(\*\*) Important: for further information see "Notes on completion", Annex II-A.

(\*\*\*) If the applicant is a representative of the right holder, he must provide proof that he is empowered to represent the right holder.

## DECLARATION UNDER ARTICLE 6 OF COUNCIL REGULATION (EC) 1383/2003

I, the undersigned

#

right holder, within the meaning of Article 2(2) of Council Regulation (EC) No1383/2003 (hereinafter "the basic Regulation", of the intellectual property rights certified by the attached documents, hereby undertake in accordance with Article 6 of the Regulation to assume liability towards the persons involved in a situation referred to in Article 1(1) in the event that a procedure initiated pursuant to present Regulation is discontinued owing to an act or omission on my part or in the event that the goods in question are subsequently found not to infringe an intellectual property right.

- I hereby undertake to pay all costs incurred under the basic Regulation by keeping goods under customs control pursuant to Article 9, and where applicable Article 11, including costs occasioned by the destruction of goods infringing an intellectual property right pursuant Article 17.
- I hereby certify that the undertaken is given in every Member State in which the decision granting the application applies. I further agree to bear any translation costs required.
- I confirm that I have taken note of Article 12 of the basic Regulation and undertake to notify the department indicated in Article 5(2) of any alteration to or loss of my intellectual property rights.

Done at

on

(Signature)

2

Copy for the right holder

1 Details of applicant (i.e. right holder within meaning of Article 2(2) of Regulation (EC) Nr 1383/2003

Name: gh  
 Function: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 VAT Nr: \_\_\_\_\_  
 Tel.: \_\_\_\_\_  
 Mobile Nr: \_\_\_\_\_  
 Fax Nr: \_\_\_\_\_  
 E mail address: \_\_\_\_\_  
 Internet address: \_\_\_\_\_

2 Date of receipt of the application for action by the designated customs department (within the meaning of Article 5(2) of Regulation (EC) 1383/2003

DD/MM/YY:

**Intellectual property rights  
 APPLICATION FOR ACTION BY CUSTOMS AUTHORITIES  
 under Article 5(4) of reg. (EC) Nr 1383/2003**

3 Name and address of competent authority to which application is made (see Annex II-C attached for details):

\_\_\_\_\_

4 Status of applicant (within meaning of Article 2(2) of regulation (EC) 1383/2003 (1)

Right holder (\*)  Right holder's representative (\*)  
 Authorised user to the right (\*)  Representative of authorised user (\*)

5 Type of right to which application refers:

Community trademark (2)  Community design (3) right  
 Supplementary protection certificate (4)  Geographical indication (protected by the Community) (4)  
 Designation of origin protected by the Community (5)  Community protected plant variety right (6)  
 Geographical designations for spirit drinks (7)

AT  BE  CY  CZ  DE  DK  EE  EL  ES  FI  FR  HU  
 IE  IT  LT  LU  LV  MT  NL  PL  PT  SE  SI  SK  
 UK

7. I attach essential technical data on the authentic goods:

Number of documents attached (8)  Number of photos attached: (8)

8. I attach specific information concerning the type or pattern of fraud:

Number of documents attached (8)  Number of photos attached: (8)

9. I attach document(s) attesting to the fact that the applicant holds the right for the goods in question within the meaning of Article 2.2 of Regulation (EC) 1383/2003 (\*\*)

Number of documents attached (8)

10. I attach the undertaking laid down in Article 6 of Reg. (EC) Nr 1383/2003, assuming liability in the situations outlined in that article (\*):

Undertaking attached

11. Right holder's contact person in the other Member States where action is requested (9)

**ADMINISTRATIVE QUESTIONS (e.g. lawyer)**

<input type="checkbox"/> AT	See attached list	<input type="checkbox"/> BE	See attached list
Name:	_____	Name:	_____
Address:	_____	Address:	_____
Tel.:	_____	Tel.:	_____
Mobile Nr:	_____	Mobile Nr:	_____
Fax Nr:	_____	Fax Nr:	_____
E mail address:	_____	E mail address:	_____
<input type="checkbox"/> CY	See attached list	<input type="checkbox"/> CZ	See attached list
Name:	_____	Name:	_____
Address:	_____	Address:	_____
Tel.:	_____	Tel.:	_____
Mobile Nr:	_____	Mobile Nr:	_____
Fax Nr:	_____	Fax Nr:	_____
E mail address:	_____	E mail address:	_____

<input type="checkbox"/> DE <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> DK <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> EE <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> EL <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> ES <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> FI <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> FR <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> HU <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> IE <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> IT <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> LT <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> LU <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> LV <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> MT <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> NL <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> PL <span style="float: right;">See attached list</span> Name: _____ Address: _____  Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____

<input type="checkbox"/> PT	See attached list	<input type="checkbox"/> SE	See attached list
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile Nr.:		Mobile Nr.:	
Fax Nr.:		Fax Nr.:	
E mail address:		E mail address:	

<input type="checkbox"/> SI	See attached list	<input type="checkbox"/> SK	See attached list
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile Nr.:		Mobile Nr.:	
Fax Nr.:		Fax Nr.:	
E mail address:		E mail address:	

<input type="checkbox"/> UK	See attached list
Name:	
Address:	
Tel.:	
Mobile Nr.:	
Fax Nr.:	
E mail address:	

**12. Right holder's contact person in the other Member States where action is requested (10)**

**TECHNICAL QUESTIONS (e.g. expert)**

<input type="checkbox"/> AT	See attached list	<input type="checkbox"/> BE	See attached list
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile Nr.:		Mobile Nr.:	
Fax Nr.:		Fax Nr.:	
E mail address:		E mail address:	

<input type="checkbox"/> CY	See attached list	<input type="checkbox"/> CZ	See attached list
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile Nr.:		Mobile Nr.:	
Fax Nr.:		Fax Nr.:	
E mail address:		E mail address:	

<input type="checkbox"/> DE	See attached list	<input type="checkbox"/> DK	See attached list
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile Nr.:		Mobile Nr.:	
Fax Nr.:		Fax Nr.:	
E mail address:		E mail address:	

<input type="checkbox"/> EE	See attached list	<input type="checkbox"/> EL	See attached list
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile Nr.:		Mobile Nr.:	
Fax Nr.:		Fax Nr.:	
E mail address:		E mail address:	

<input type="checkbox"/> ES	See attached list	<input type="checkbox"/> FI	See attached list
Name:		Name:	
Address:		Address:	
Tel.:		Tel.:	
Mobile Nr.:		Mobile Nr.:	
Fax Nr.:		Fax Nr.:	
E mail address:		E mail address:	

<input type="checkbox"/> FR <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> HU <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> IE <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> IT <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> LT <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> LU <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> LV <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> MT <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> NL <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> PL <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> PT <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> SE <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> SI <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	<input type="checkbox"/> SK <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____
<input type="checkbox"/> UK <span style="float: right;">See attached list</span> Name: _____ Address: _____ Tel.: _____ Mobile Nr: _____ Fax Nr: _____ E mail address: _____	

**13. Any other information in the right holder's possession, e.g.:**

Country or countries of production	Number of documents attached (8)	<input type="text"/>
Routes used by traffickers	Number of documents attached (8)	<input type="text"/>
Technical differences between the authentic and the suspect goods:	Number of documents attached (8)	<input type="text"/>
Tariff heading in the CN:		<input type="text"/>
Other useful information	Number of documents attached (8)	<input type="text"/>

**14. Date of filling application:**

Date on which drawn up	Place:	Applicant's signature (***)
DD/MM/YY: <input type="text"/>	<input type="text"/>	<input type="text"/>

**15. DECISION BY CUSTOMS AUTHORITIES (within the meaning of Article 5(7) and (8) of Regulation 'EC' 1383/2003)**

**The application is approved** Registr. Number of AA:

Date: DD/MM/YY:  Signature and stamp

Place:

**The application is valid until:**

**Any request for extension of the validity period should be sent to the competent authority of Box 3, at the latest 30 working days before the validity of the application expires.**

**The application has been refused**

A reasoned decision stating the grounds for refusal and information concerning the appeal procedure are attached.

Date: DD/MM/YY:  Signature and stamp

Place:

**16. ACKNOWLEDGEMENT OF RECEIPT**

Concerning application made by  (Name of the applicant)

<input type="checkbox"/> AT	<input type="checkbox"/> BE	<input type="checkbox"/> CY	<input type="checkbox"/> CZ	<input type="checkbox"/> DE	<input type="checkbox"/> DK	<input type="checkbox"/> EE	<input type="checkbox"/> EL	<input type="checkbox"/> ES	<input type="checkbox"/> FI	<input type="checkbox"/> FR	<input type="checkbox"/> HU
<input type="checkbox"/> IE	<input type="checkbox"/> IT	<input type="checkbox"/> LT	<input type="checkbox"/> LU	<input type="checkbox"/> LV	<input type="checkbox"/> MT	<input type="checkbox"/> NL	<input type="checkbox"/> PL	<input type="checkbox"/> PT	<input type="checkbox"/> SE	<input type="checkbox"/> SI	<input type="checkbox"/> SK
<input type="checkbox"/> UK											

NAME:	SIGNATURE AND STAMP:
PLACE AND DATE OF RECEPTION:	

(\*) See box 9 (for further information see "Notes on completion", Annex II-A).  
 (1) Tick the appropriate box(es).  
 (2) Reg. (EC) Nr 40/94.  
 (3) Reg. (EC) Nr 6/2002.  
 (4) Reg. (EEC) Nr 1768/92 or Reg. (EC) Nr 1610/96.  
 (5) Reg. (EEC) Nr 2081/92 and Reg. (EC) Nr 1493/94.  
 (6) Reg. (EC) Nr 2100/94.  
 (7) Reg. (EC) Nr 1576/89.  
 (8) Insert the relevant number, if none are attached, insert "0"  
 (\*\*\*) Important: for further information see "Notes on completion", Annex II-A.  
 (\*\*\*) If the applicant is a representative of the right holder, he must provide proof that he is empowered to represent the right holder.

**DECLARATION UNDER ARTICLE 6 OF COUNCIL REGULATION (EC) 1383/2003**

I, the undersigned

#

right holder, within the meaning of Article 2(2) of Council Regulation (EC) No1383/2003 (hereinafter "the basic Regulation", of the intellectual property rights certified by the attached documents, hereby undertake in accordance with Article 6 of the Regulation to assume liability towards the persons involved in a situation referred to in Article 1(1) in the event that a procedure initiated pursuant to present Regulation is discontinued owing to an act or omission on my part or in the event that the goods in question are subsequently found not to infringe an intellectual property right.

- I hereby undertake to pay all costs incurred under the basic Regulation by keeping goods under customs control pursuant to Article 9, and where applicable Article 11, including costs occasioned by the destruction of goods infringing an intellectual property right pursuant Article 17.
- I hereby certify that the undertaken is given in every Member State in which the decision granting the application applies. I further agree to bear any translation costs required.
- I confirm that I have taken note of Article 12 of the basic Regulation and undertake to notify the department indicated in Article 5(2) of any alteration to or loss of my intellectual property rights.

Done at

on

(Signature)