



Intellectual Property Office

Form TM53 Request to proceed to evidence rounds

No Fee

1. Trade mark number If the opposition concerns an International Registration, help us identify the correct case by adding "IR"	
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2. Opposition number	
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3. Full name Person making this request.	
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Address

The address must be in the United Kingdom, European Economic Area (EEA) or the Channel Islands.

	Postcode

4. Interest in the trade mark Tick one of the options	<input type="checkbox"/>	Recorded Applicant or Holder of the trade mark
	<input type="checkbox"/>	Recorded Representative for the Applicant or Holder
	<input type="checkbox"/>	Opponent
	<input type="checkbox"/>	Recorded Representative for the Opponent
	<input type="checkbox"/>	Other <i>(Please specify)</i>

5. Signature	
Name (BLOCK CAPITALS)	

Date	
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6. Your reference

Complete if you would like us to quote this in communications with you, otherwise leave blank.

Contact details

Name, daytime telephone number of the person to contact in case of query

Checklist

Please make sure you have remembered to:

- Provide the trade mark number
- Sign the form

Where to send

Intellectual Property Office
Trade Marks Registry
Concept House
Cardiff Road
Newport
South Wales
NP10 8QQ