

COMMUNITY APPLICATION FOR ACTION

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

DD/MM/YY:

INTELLECTUAL PROPERTY RIGHTS

APPLICATION FOR ACTION BY CUSTOMS AUTHORITIES

under Article 5 (4) of Regulation (EC) No 1383/2003

3. Details of applicant (i.e. right-holder within meaning of Article 2(2) of Regulation (EC) 1383/2003)^(*)

NAME:
FUNCTION:
ADDRESS:
TOWN:
POSTCODE:.....
COUNTRY:.....
VAT NO:
TEL.:
MOBILE:.....
FAX:
E-MAIL:
INTERNET ADDRESS:

2. Name and address of competent authority to which application is made:

4. Status of applicant (within the meaning of Article 2(2) of Regulation (EC) No 1383/2003)⁽¹⁾
 Right-holder^(*) Right-holder's representative^(*)
 Authorised user of the right^(*) Representative of authorised user^(*)

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

6. Member State(s) in which action by customs authorities is requested:
 BE BG CZ DK DE
 EE IE EL ES FR
 IT CY LV LT LU
 HU MT NL AT PL
 PT RO SI SK FI
 SE 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) No 1383/2003^(*)

..... Number of documents attached⁽⁸⁾

10. I attach the undertaking laid down in Article 6 of Regulation (EC) No 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⁽¹⁾

ADMINISTRATIVE QUESTIONS (lawyer, for example)

<input type="checkbox"/> BE Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> BG Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> CZ Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> DK Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list
<input type="checkbox"/> DE Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> EE Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> IE Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> EL Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list
<input type="checkbox"/> ES Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> FR Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> IT Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> CY Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list
<input type="checkbox"/> LV Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> LT Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> LU Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> HU Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list
<input type="checkbox"/> MT Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> NL Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> AT Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> PL Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list
<input type="checkbox"/> PT Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> RO Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> SI Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> SK Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list

<input type="checkbox"/> FI Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> SE Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> UK Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	
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12. Right-holder's contact person in the other Member States where action is requested ⁽¹⁾

TECHNICAL QUESTIONS (expert, for example)

<input type="checkbox"/> BE Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> BG Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> CZ Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> DK Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list
<input type="checkbox"/> DE Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> EE Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> IE Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> EL Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list
<input type="checkbox"/> ES Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> FR Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> IT Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> CY Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list
<input type="checkbox"/> LV Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> LT Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> LU Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> HU Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list
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<input type="checkbox"/> PT Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> RO Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> SI Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> SK Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list

<input type="checkbox"/> FI Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> SE Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list	<input type="checkbox"/> UK Name: Address: Tel.: Mobile: Fax: E-mail: <input type="checkbox"/> See attached list
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13. Any other information in the right-holder's possession, e.g.:

- Country or countries of production
Number of documents attached ⁽⁸⁾
- Routes used by traffickers
Number of documents attached ⁽⁸⁾
- Technical differences between the authentic and the suspect goods
Number of documents attached ⁽⁸⁾
- CN tariff heading:
- Other useful information
Number of documents attached ⁽⁸⁾

14. Date of filing application:

Date on which drawn up	Place	Applicant's signature ^(**)
DD/MM/YY:

15. Decision by customs authorities (within the meaning of Article 5(7) and (8) of Regulation (EC) No 1383/2003)

The application is approved. Registration number of AA:

Date	Place	Signature and stamp
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DD/MM/YY:

The application is valid until: Any request for extension of the validity period should be sent to the competent authority of Box 2, 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	Place	Signature and stamp
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DD/MM/YY:

16. Acknowledgement of receipt

Concerning application made by (name of the applicant)

<input type="checkbox"/> BE <input type="checkbox"/> BG <input type="checkbox"/> CZ <input type="checkbox"/> DK <input type="checkbox"/> DE <input type="checkbox"/> EE <input type="checkbox"/> IE <input type="checkbox"/> EL <input type="checkbox"/> ES <input type="checkbox"/> FR <input type="checkbox"/> IT <input type="checkbox"/> CY <input type="checkbox"/> LV <input type="checkbox"/> LT <input type="checkbox"/> LU <input type="checkbox"/> HU <input type="checkbox"/> MT <input type="checkbox"/> NL <input type="checkbox"/> AT <input type="checkbox"/> PL <input type="checkbox"/> PT <input type="checkbox"/> RO <input type="checkbox"/> SI <input type="checkbox"/> SK <input type="checkbox"/> FI <input type="checkbox"/> SE <input type="checkbox"/> UK	NAME: PLACE AND DATE OF RECEIPT: SIGNATURE AND STAMP:
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(*) See box 9 (for further information see 'Notes on completion', Annex II A)

(1) Tick the appropriate box(es).

(2) Council Regulation (EC) No 40/94 (OJ L11, 14.11.1994, p.1).

(3) Council Regulation (EC) No 6/2002 (OJ L 3, 5.1.2002, p.1).

(4) Council Regulation (EEC) No 1768/92 or Regulation (EC) No 1610/96 of the European Parliament and of the Council (OJ L 198, 8.8.1996, p.30).

(5) Council Regulation (EEC) No 2081/92 and (EC) No 1493/99 (OJ L179, 14.7.1999, p.1).

(6) Council Regulation (EC) No 2100/94 (OJ L 227, 1.9.1994, p.1)

(7) Council Regulation (EEC) No 1576/89 (OJ L 160, 12.6.1989, p.1).

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

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