



**Contract Number:** [REDACTED]

**Sent Date:** [REDACTED]

[REDACTED]

Applicant

IPTR s.r.o.  
Nove sady 988/2  
602 00 Brno  
Czech Republic

Tax number: 06764673

Provider

**REGISTRATION DETAILS**

[REDACTED]

**Published:** [REDACTED]

**Registration Number:** [REDACTED]

**Publication Week:** [REDACTED]

**Class:** [REDACTED]

**Sign the document within 14 days** and send it back by e-mail to **office@iptr.biz** or by mail to:  
IPTR s.r.o., Nove sady 988/2, 602 00 Brno, Czech republic.

Registration Fee	Amount
Registration Fee for [REDACTED]	[REDACTED] USD
Processing Fee	[REDACTED] USD
<b>Total Registration Fee</b>	<b>[REDACTED] USD</b>

**Registration of the International Trademark:**

The trademark application has been published in the International Trademark System - MADRID, which is edited by Bureau of the World Intellectual Property Organization. This publishing forms the basis of our offer. Please note, registration is not affiliated with the publication of the official International Patent Application registration and is not a registration by a government entity. By signing this Agreement, the Applicant signs a binding "IPTR Registration" service provided by the provider specified in the GTB article 3 paragraph 1 and undertakes to pay the provider the price stated on this form. Given that this form is exclusively an offer for the conclusion of a contract, the contractual relationship created by this contract arises at the moment of the delivery of this contract to the provider. Effective delivery is deemed to be the delivery of the contract to the address of the provider and the delivery of the contract to the email address of the provider. By signing this contract, the Contracting Authority agrees that the contractual relationship is governed by the General Business Terms and Conditions of the Provider, which are listed on the other side of this Form and are governed by the Act No. 89/2012 Coll. Civil Code. The Applicant declares that he has read and read these General Business Terms and the scope of the service provided, and he further declares that they agree with their wording.

Applicant

Date: [REDACTED] Full name: [REDACTED]

Signature: [REDACTED]

Provider

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