protocolo



**PEDIDO DE REGISTRO DE MARCA**

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| **IDENTIFICAÇÃO DO PEDIDO** |

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| Arquivamento | Número do Pedido | DataDia Mês Ano|\_\_\_|\_\_\_**/**\_\_\_|\_\_\_**/**\_\_\_|\_\_\_|\_\_\_|\_\_\_| |

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| **DADOS DO DOCUMENTO DE ARRECADAÇÃO** |

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| Número do documento (campo nosso número) |  |

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| Código do serviço |  | Valor pago |  | Data pagto |  |

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| **DADOS DO REQUERENTE** |

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| CPF / CNPJ / N° INPI |  |  |

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| Nome ou Razão Social |  |

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| Endereço |  |

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| Bairro |  |

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| Município |  | UF |  | C. país |  |

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| CEP |  | Telefone |  | FAX |  |

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| E-mail |  |

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| **DADOS DA MARCA** |

Apresentação  Natureza

1 - Nominativa 1 - De Produto

2 - Mista 2 - De Serviço

3 - Figurativa 3 - Coletiva

4 - Tridimensional 4 - Certificação

 Etiqueta

Marca Nominativa ou Parte Nominativa da Marca Mista ou da Tridimensional

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|   |   |    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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 Categoria Divisão Seção

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| NCL(11)  |   |   |  |  |   |  |  |   |  |   |   |  | CFE(4)  |    |   |   |   |   |  |   |   |

 Categoria Divisão Seção

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 Categoria Divisão Seção

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 Categoria Divisão Seção

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 Categoria Divisão Seção

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| Especificação dos Produtos/Serviços |
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| **PRIORIDADE UNIONISTA** |

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| Data do Depósito |  | Nº Depósito/Registro |  | Código do País |  |

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| **DOCUMENTOS ANEXADOS** |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Guia de recolhimento | [ ]  Procuração | [ ]  Etiquetas | [ ]  Prova de depósito no país de origem |
| [ ]  Características de produto/ serviço objeto de certificação e medidas de controle | [ ]  Regulamento utilização para marca coletiva | [ ]  Documentos relativos à reivindicação de prioridade | [ ]  Breve descrição da marca tridimensional |

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| [ ]  Outros (especificar) |  |

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| **DECLARAÇÃO DE ATIVIDADE** |

Empresa controladora conforme o artigo 128 § 1º da Lei Nº 9.279 ? [ ]  SIM [ ]  NÃO

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| Registro na Junta ou Cartório |
| Sigla  |  | Data Registro  |  | N°  |  |  | Data DO |  |  |

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| **DADOS DO PROCURADOR** |

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| Matrícula API  |  |  UF |  |  Nº de Inscrição na OAB |  |

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| Nome |  |

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| **DECLARO, SOB AS PENAS DA LEI, SEREM VERDADEIRAS AS INFORMAÇÕES PRESTADAS** |

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| Local e Data  |  | Assinatura e Carimbo |  |

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| **USO EXCLUSIVO DO INPI** |