

Kingdom of Cambodia
Nation - Religion - King

Form: 029-Invali/Eng
CAMBODIA

To: Intellectual Property Department
Ministry of Commerce

**REQUEST FOR INVALIDATION
OF REGISTERED MARK**

1. Name of Opponent and Agent/Attorney:

2. Name of Local Agent/Attorney and Address for Service: _____

Tel: _____ Fax: _____ Email: _____

3. Mark Opposed:

4. Class(s):

5. Filing Date:

6. Application No(s):

7. Registration No(s):

8. In the Name of:

9. Grounds for Opposition:

10. Documents Accompanying the Opposition:

- Notarized Power of Attorney if the Agent/Attorney is newly appointed
- Notarized Affidavit of Opposition
- Other arguments, facts, evidences

Signature: _____

Name of Signatory: _____

[Stamp]

Title: _____

Date: _____