

# Brand Safe Program Application Form



To protect registered names and trademarks, complete this application form and return to:  
**DotCooperation LLC, 1401 New York Avenue, NW, Suite 1100, Washington DC 20005 USA**

- Please enclose:
- Remittance – make cheques/checks payable to DotCooperation LLC
  - A sample of your company letterhead/notepaper showing your registered name
  - Copies of trademark or service mark registration certificates if possible

Corporation name

Address

Town/City/Postal Code

Country of incorporation

Contact name

Position

Telephone number

Email

## Name(s) desired

Please indicate the names you wish to be reserved from registration. You can assist us by providing details of any trademark registration numbers.

| Name  | Please ✓ tick/check |                 |                 | Registration number (if available) | Country of registration |
|-------|---------------------|-----------------|-----------------|------------------------------------|-------------------------|
|       | Legal name          | Recognised name | Registered name |                                    |                         |
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Total remittance enclosed  names at \$2000 = Total: \$