Egyptian Cotton Trademark Application



EGYPTIAN COTTON TRADEMARK APPLICATION

Company Name: _____

Street Address: _____

Country: _____ **City:** _____ **Postal Code:** _____

Telephone: ( ) _____ **Fax: (**) _____

Email: _____ **Website:** _____

Officer of Company: _____ **Additional Contact:** _____

Title: _____ **Title:** _____

E-mail: _____ **E-mail:** _____

Tel: ( ) _____ **Tel: (**) _____

Date of Application:---------- /----------/----------

Industry Classification (Please check all that apply)

☐ Raw Cotton ☐ Spinner ☐ Weaver ☐ Knitter ☐ Manufacturer ☐ Designer ☐ Brand

☐ Retailer ☐ Department Store ☐ Retail Chain ☐ Hypermarket

☐ Internet retailing ☐ other (please specify): _____

Egyptian cotton products that need to be licensed (Please check all that apply)

☐ **Textiles:** ☐ Yarns ☐ knit Fabrics ☐ Woven Fabrics ☐ Other: _____

☐ **Home Fashion:** ☐ Towels ☐ Sheets ☐ Rugs ☐ Blankets ☐ Kitchen Towels ☐ Bath Rob

☐ Bed Linens ☐ Curtain ☐ Other: _____

☐ **Apparel:** ☐ Children Wear ☐ Baby / Infant Wear

Men's: ☐ Woven Shirts ☐ Heavy Knits ☐ Knit Shirts ☐ Trousers ☐ Jeans

☐ Sweaters ☐ Sleep wear ☐ Underwear ☐ Other (please specify): _____

Women's: ☐ Woven Shirts ☐ Heavy knits ☐ Shirts ☐ Pants ☐ Jeans

☐ Sweaters ☐ Sleep wear ☐ Intimate Apparel ☐ Dresses / Skirts

☐ Sportswear ☐ Woven Classics ☐ Hotel Towels ☐ Other: _____

***Products which qualify to have the Cotton Egypt trademark must be made of 100% Egyptian cotton.**

EGYPTIAN COTTON SUPPLIER INFORMATION

Please state below your supplier of Egyptian cotton fiber and / or product(s) to your company & attach copies of your most recent corresponding contract(s) or invoice(s) to this application. (All suppliers in the value chain must have a valid Egyptian cotton logo license)

*** Supplier Name:** _____

Address: _____

Email: _____ **Telephone: ( )** _____

Type and Specifications of Egyptian cotton Product (Raw cotton/ Yarn/ Fabrics/ Finished goods)	Quantity	Date	Stock Available

---

***Supplier Name:** _____

Address: _____

Email: _____ **Telephone: ( )** _____

Type and Specifications of Egyptian cotton Product (Raw cotton/ Yarn/ Fabrics/ Finished goods)	Quantity	Date	Stock Available

***In case your esteemed company has more than 2 suppliers please reprint this page.**

***Products which qualify to have the Cotton Egypt trademark must be made of 100% Egyptian cotton.**

EGYPTIAN COTTON Subcontractors INFORMATION

Please state below your Subcontractors of Egyptian cotton product(s) to your company (If Any)

Subcontractors Name	Process	Date	Address - Email - Telephone

EGYPTIAN COTTON PRODUCT INFORMATION

Please state below all the information of your Egyptian cotton products that you are currently supplying.

Type of Egyptian Cotton Product	Quantity	Buyer's Name &/or Brand Name	Stores where products are sold	Date	Address/Country/City

COMMITMENT FORM

I_____the legal representative of

_____

Hereby confirm that all the information in the above application form is true to the best of my knowledge and I authorize Cotton Egypt to verify this information with the above mentioned sources (sponsors). I am also committing my company to the timely delivery of further information with regard to my purchases and use of Egyptian cotton as well as to facilitate Cotton Egypt's enquiries with my sponsors by submitting proofs of purchase from the sponsors.

I also understand that Cotton Egypt reserves the right to reject this application should my company's operation not meet their industry standards requirements for the licensing of the Egyptian Cotton Logo ™

For and on behalf of:

COMPANY NAME

Application Date

REPRESENTATIVE NAME

TITLE

SIGNATURE

COMPANY SEAL

All information in this application form is for the own usage of Cotton Egypt Association and will not be shared by any third party unless approved by the applicant.