

THE CONFECTIONERY TRUST

NOTICE FORM

This form is to be used to notify the Owner of Sub licensees; breaches or cessation of use of marks. *Tick, delete and complete asterisked items as applicable and submit to the Confectionery Trust (contact details below):*

Licensee legal name: _____

Email address: _____

Contact details: _____

Our Licensed Trade Marks*:

Be treatwise®

Halloween®

Trick or Treat®

**Tick those applying to Licensee already*

SUB LICENCE REQUEST**:

YES / NO

Be treatwise®

Halloween®

Trick or Treat®

**Tick those intended to be sub licensed*

Sub licensee legal name: _____

Contact name: _____

Email: _____

Be treatwise®

Halloween®

Trick or Treat®

**Tick those intended to be sub licensed*

Sub licensee legal name: _____

Contact name: _____

Email: _____

*** Complete details of each intended sub licensee, legal name, contact and email address. Use additional forms if necessary.*

NOTICE OF BREACH or CESSATION of USE OF MARKS

Complete details as applicable:

Signed by Licensee: _____

Dated: _____