## **Anti-Piracy Referral Form**



		Date:
Registration Info	ormation	
Name of Registrant:		
	(Trademark or Copyright)	
	ademark rights or Copyright inclinent if more than three.	luding Registration Numbers and Countries below. Please
•		
		ast three current "cease and desist" letters sent to the violating cipient names below. Please attach a separate document if
•		
Person Reporting I	nfringement Information	
I am the Holder or repr	resent the Holder of certain intel	llectual property rights of the Registrant identified above.
Complete your contact Name and Title:		
Company:		
Street Address:		
City:		State/Province:
Country:		ZIP/Postal Code:
Phone:		Email:
—— Goods/Services Inf	ringement Information	
sale, or makes availabl		cated at the following URL(s) (the "Website") sells, offers for ringe the IP Holder's intellectual property rights and is not services.
Provide Merchant info	rmation if available.	
	ng Merchant Name:	
•	ng Merchant Contact Informatio	
You are required to list	t the Infringing URL(s). Please	attach a separate document if more than three.
• Infringi	ng URL(s):	
	•	
	_	
	•	

•	Description of the illegal activity:
	red to list Illegal Goods or Services being offered for sale. Please attach a separate document if more st Illegal Goods or Services being offered for sale separately and provide the specific URL path.
•	
•	
Is there curren	at litigation related to this referral?
If yes, provi	de documentation.
If a card prese	ent merchant, also provide:
•	Merchant Business Type:
•	Merchant Street Address:
If a purchase v	was performed with a Mastercard card, provide:
•	Billing Descriptor (as reflected on the cardholder statement):
•	PAN (Primary Account Number):
•	Expiration Date:
•	CVC:
•	Transaction Amount:
•	Transaction Currency:
•	Transaction Date:
Attachments:	☐ Screen Shots ☐ Digital Millennium Copyright Act ☐ C&D Letters ☐ Other:
Referral Ins	tructions
holder to repo	t must be completed and submitted by the rights holder or authorized representative of the rights rt illegal activity. The rights holder or the rights holders agent should endeavor to complete as many n this referral as possible based on all information known about the event.
Submit all of	the following by email to ipinquiries@mastercard.com.
•	Completed referral form (password-protected if providing the PAN)
•	All required documentation requested herein
•	The password for the completed referral form (in a separate email, if providing the PAN)
that the use of	this notice to Mastercard, I declare that all of the information contained in this referral is accurate and the intellectual property described above, in the manner I have reported, is not authorized by the or its agent or the law.
Signature: _	Date:

You are required to list the description of the illegal activity.