**FORM 1**

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| INTELLECTUAL PROPERTY OFFICE, TRINIDAD AND TOBAGO | |
| Form No. 1 (Regulation 9 ) GEOGRAPHICAL INDICATIONS ACT  APPLICATION FOR REGISTRATION OF GEOGRAPHICAL INDICATION  To: The Controller  Intellectual Property Office | For Official Use Date of Receipt by  Intellectual Property Office:  APPLICATION No.  (Office’s Stamp)  Fees received on: |
| Applicant’s or Attorney’s File Reference: |
| THE APPLICANT(S) REQUEST(S) THE REGISTRATION OF A GEOGRAPHICAL INDICATION IN RESPECT OF THE FOLLOWING PARTICULARS:  I. APPLICANT(S)\*  Additional information is contained in supplemental box Name(s):  Address(es):  Nationality:  Country of residence or principal place of business:  Capacity in which Applicant is applying for registration:  Tel. No.: Telegraphic Address: Telex No.: Fax No.: | |

\*The data concerning each applicant must appear in this box or, if the space is insufficient, in the supplemental box.

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| Address for service in Trinidad and Tobago\*: |
| II. ATTORNEY-AT-LAW  The following Attorney-at-law has been appointed by the applicant(s) in the Authorisation of Agent:  accompanying this Form to be filed within two months  from the filing of the application for registration  [Regulation 8(2)]  Name:  Address:  Tel. No.: Telegraphic Address: Telex No.: Fax No.: |
| III. GEOGRAPHICAL INDICATION  The geographical indication for which registration is sought is the following: |
| IV. GEOGRAPHICAL AREA  The following is the demarcation of the territory of the country, or region, or locality in that territory, to which the geographical indication applies, and from which the goods for which the geographical indication is used originate:  Additional information, possible in graphic form, maps, etc.,  accompanies this Form  is contained in the supplemental box |

\* Where an Attorney-at-law has been appointed, the address of the Attorney-at-law shall be treated as the address to which any communication shall be transmitted [Regulation 22(2)].

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| VIII. SUPPLEMENTAL BOX\* *(Continued)* |
| IX. SIGNATURE(S) ...................................... [Applicant(s)/†] .........................  *(Date)* |
| TO BE FILLED IN BY THE CONTROLLER  Date of receipt of corrections and later filed papers completing the application: |

\* Use this box if any of the boxes is not large enough to contain information to be furnished. Indicate the boxes continued in this box by their Roman numerals and title [e.g., “II. APPLICANT(S)*(continued)*”].

† Type name(s) under signature(s). The typed names and signatures of all applicants should

appear (one below the other).

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| V. GOODS  The goods for which the geographical indication is used are the following: |
| VI. QUALITY, REPUTATION OR OTHER CHARACTERISTICS  The quality, reputation or other characteristics of the goods for which the geographical indication is used, and any conditions under which the indicatiion may be used, are the following:  Additional information is contained in the supplemental box Additional information accompanies this Form |
| VII. FEES accompany this Form |
| VIII. SUPPLEMENTAL BOX\* |

\* Use this box if any of the boxes is not large enough to contain information to be furnished. Indicate the boxes continued in this box by their Roman numerals and title

[e.g., “II. APPLICANT(S) (continued)”].

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