## FORM 1

INTELLECTUAL PROPERTY OFFICE, TRINIDAD AND TOBAGO				
Form No. 1 (Regulation 9 ) GEOGRAPHICAL INDICATIONS ACT			For Official Use  Date of Receipt by Intellectual Property Office:	
APPLICATION FOR REGISTRATION OF GEOGRAPHICAL INDICATION			APPLICATION :	No. (Office's Stamp)
То:	The Controlle Intellectual Pr	er roperty Office		
			Fees received on:	:
			Applicant's or At File Reference:	ttorney's
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. (Form No. 1, first page)

	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		

(Form No. 1, second page)

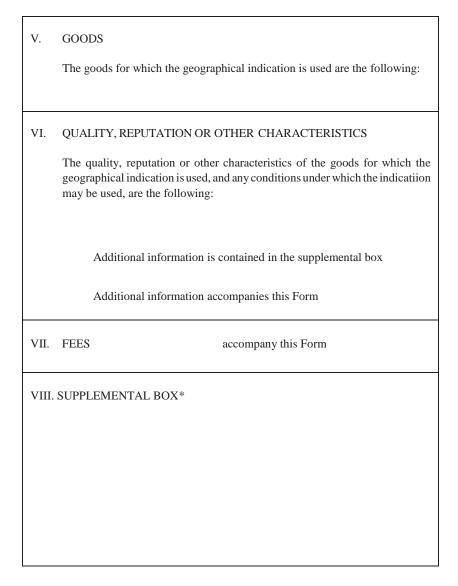
<sup>\*</sup>Where an Attorney-at-law has been appointed, the address of the Attorney-at-law shall be treated as the address to which any communication shall be transmitted [Regulation 22(2)].

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

(Form No. 1, fourth and last page).

<sup>\*</sup> 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)"].

 $<sup>\</sup>Dot{\uparrow}$  Type name(s) under signature(s). The typed names and signatures of all applicants should appear (one below the other).



<sup>\*</sup> 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)"].

(Form No. 1, third page)