

## FORM 4

INTELLECTUAL PROPERTY OFFICE, TRINIDAD AND TOBAGO	
<p>Form No. 4 (Regulation 19) GEOGRAPHICAL INDICATIONS ACT</p> <p>REQUEST TO REFUSE OR INVALIDATE REGISTRATION OF MISLEADING MARK</p> <p>To: The Controller Intellectual Property Office</p>	<p style="text-align: center;">For Official Use</p> <p>Request received on:</p> <p>Fees received on:</p> <p>Applicant's or Attorney's File Reference:</p>
<p>I. IN THE MATTER OF:</p> <p>Application for Registration/Registration No.*      Filing/Registration* of Mark:</p> <p style="text-align: right;">Date:</p> <p>Application/Registration* Published in the periodical</p> <p>.....</p> <p style="text-align: center;">(No.)                      (Page)                      (Date)</p>	
<p>II. APPLICANT(S)†</p> <p>Name(s):</p> <p>Address(es):</p> <p>Additional information is contained in the supplemental box <input style="float: right;" type="checkbox"/></p> <p>Address for service in Trinidad and Tobago:‡</p>	

\* Delete whichever does not apply.

† If there is more than one person or competent authority, together, requesting the refusal or invalidation of the registration of the trademark, the data concerning each applicant must appear in this box or, if the space is not sufficient, 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 communication shall be transmitted [Regulation 22(2)].

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**FORM 4—Continued**

**III. GROUNDS FOR REQUEST:**

The Grounds for request to refuse or to invalidate the registration of the above identified mark are as follows:

Additional information is contained in the supplemental box

Supporting evidence accompanies this Form

**IV. ATTORNEY-AT-LAW**

The following Attorney-at-law has been appointed by the applicant in the Authorisation of Agent:

accompanying this Form

Name:

Address:

Tel. No.:      Telegraphic Address:      Telex No.:      Fax No.:

**V. FEES**  accompanying this Form

**VI. SUPPLEMENTAL BOX\***

\* Use this box if any of the boxes are 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)"].

VI. SUPPLEMENTAL BOX* ( <i>Continued</i> )
VII. SIGNATURE(S) ..... [Applicant(s)Attorney†] ..... <i>(Date)</i>

\*Use this box if any of the boxes are 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 and delete whichever does not apply. The typed names and signatures of all applicants should appear (one below the other).

(Form No. 4, third and last page).

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