TRINIDAD AND TOBAGO TRADE MARKS ACT

Regulation 53 (1)(f)

THE TRADE MARKS REGULATIONS, 2020

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| **FORM TM 10** | ASSENT BY PERSONAL REPRESENTATIVESOR ORDER OF THE COURT OR OTHERCOMPETENT AUTHORITY |  |
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| *General instructions*1. *If there is not enough space to fill in any part of this form, please use separate sheets.*
2. *If this is an application to record an order of the Court or other competent authority, this application must be accompanied by such documentary evidence as suffices to establish the transaction.*
3. *The fee for this form is payable on a per trade mark number basis.*
 |
| 1. Please indicate what this application is to record by ticking the relevant box |
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|  |  | Assent by personal representatives |  |  |  | Order of the Court |  |  | Order of other competent authority |
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| 2. Trade Mark Number |

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| 3. Particulars on record of a current registered proprietor/applicant for registration. |
| Company Number (if applicable) |  |  |
|  |
|  Name |  |  |
|  |
| Address, Contact Information, EmailAddress (Mandatory) |  |  |
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|   Citizenship or State of Country of incorporation incorporation/ (where applicable)constitution Legal Nature of Legal Entity Sole Proprietor or  Partners’ name(s)  (if sole proprietorshipor partnership) |
| 4. Particulars of person to be recorded as having an interest in the trade mark |
| Company Number (if applicable)NameAddress, Contact Information, Email Address(Mandatory)Citizenship or Country of incorporation/ constitutionLegal Nature of Legal EntitySole Proprietor or Partners’ name(s) (if sole proprietorshipor partnership) |  | State ofincorporation(where applicable) |  |
| 5. Nature of the transaction to be recorded(tick where appropriate) |
| Transfer of ownership | Security interest | Licence | Others |

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| 6. Description of the right transferred |
|  |  |  |
|  |
| 7. Date of assent/order of the Court/order of other competent authority |
|  |  |  - |  |  - |  |  |
|  Day Month Year |
| 8. Address for service of person to be recorded as having an interest in the trade mark*Note:**The address for service must be a Trinidad and Tobago address. It is effective only for purposes of this application.* |
|  Reference Number (if applicable) |  |  |
|  |
| Name |  |  |
|  |
| Address, Contact Information, EmailAddress (Mandatory) |  |  |
|  |
| 9. Please select one of the following boxes: |
|  |  | This application is to record an assent by personal representative and is signed by, or on behalf of, the personal representative and the beneficiary*(If this box is selected, please fill in portion 10 of this form)* |
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|  |  | The original certified copy of the documentary evidence establishing the transaction is attached |
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| 10. Provide below an authorisation to this application *(This is required only if this application is to record an assent by personal representatives)*10A. Signature of personal representative making the assent *(or his representative or agent if so authorised)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status of signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (block letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10B . Signature of beneficiary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(or his representative or agent if so authorised)*  Status of signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name (block letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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| Number of extra sheets attached to this form |  |  |
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