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 REPRESENTATIVES  OR ORDER OF THE COURT OR OTHER  COMPETENT 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 | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  |  | Assent by personal representatives | | | |  |  |  | Order of the Court |  |  | Order of other competent authority | | | | |
|  | | | | | | | | | | | | | | | |
| 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, Email  Address (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 proprietorship  or partnership) | | | |
| 4. Particulars of person to be recorded as having an interest in the trade mark | | | |
| Company Number  (if applicable)  Name  Address, Contact Information, Email Address  (Mandatory)  Citizenship or Country of incorporation/ constitution  Legal Nature of Legal Entity  Sole Proprietor or Partners’ name(s) (if sole proprietorship  or partnership) |  | State of  incorporation  (where applicable) |  |
| 5. Nature of the transaction to be recorded  (tick where appropriate) | | | |
| Transfer of ownership | Security interest | Licence | Others |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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, Email  Address (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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