# TRINIDAD AND TOBAGO TRADE MARKS ACT

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**Regulation 51(1)**

**TRADE MARKS REGULATIONS, 2020**

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| **FORM TM 11** | **APPLICATION FOR RESTORATION AND RENEWAL OF REGISTRATION REMOVED FROM THE REGISTER** |
| *General instructions*   1. *If there is not enough space to fill in any part of this form, please use separate sheets.* 2. *The fee for this form is payable on a per trade mark number basis.* | |
| 1. Trade Mark Number | |
| Class number(s) this request for restoration relates to  *Note*  *Class must be registered in order to be restorable.* | |
| Total number of classes this request for restoration relates to | |
| 2. Particulars of registered proprietor Company Number  (if applicable)  Name  Address, Contact Information, Email  Address (Mandatory) | |

Citizenship or Country of incorporation/ constitution

State of incorporation (where applicable)

Legal Nature of Legal Entity

Sole Proprietor or Partners’ name(s) (if sole proprietorship

or partnership)

3. Particulars of applicant for restoration and renewal

(if different from Part 2 above)

Company Number

(if applicable)

Name

Address, Contact Information, Email Address

(Mandatory)

Citizenship or Country of incorporation/ constitution

State of incorporation (where applicable)

Legal Nature of Legal Entity

Sole Proprietor or Partners’ name(s) (if sole proprietorship

or partnership)

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| Reasons for failure to renew registration | | | | | |
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| 5. Address for service  *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) | |  | |  | |
|  | | | | | |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day Month Year  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (block letters)  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Status of Signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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| Number of extra sheets attached to this form | | |  | |  |
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