TRINIDAD AND TOBAGO TRADE MARKS ACT

Regulation 47(3)(b)

THE TRADE MARKS REGULATIONS, 2020

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| **FORM TM 13** | **LATE APPLICATION FOR RENEWAL**  **OF REGISTRATION** | | | | | | | |
| *General instructions*  *(a)If there is not enough space to fill in any part of this form, please use separate sheets.*  *(b)You must send a separate form for each trade mark number.*  *(c)The fee for this form is payable on a per trade mark number basis.* | | | | | | | | |
| 1. Trade Mark Number | | |  | | --- | |  | | | | | | | |
| Class number(s) this renewal relates to  *Note:*  *Class must be registered in order to be renewable. If you wish to cancel part*  *of the specification of goods/services,*  *please additionally lodge Form TM 21.* | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | | | | | | |
| Total number of classes this renewal relates to | | |  | | --- | |  | | | | | | | |
| 1. State the expiry date of renewal | |  |  |  |  |  |  |  |
|  | |  | Day |  | Month |  | Year |  |
|  | | | | | | | | |

|  |  |
| --- | --- |
| 3. Particulars of registered proprietor | |
| Company Number  (if applicable) | |
|  | |
| Name | |
|  | |
| Address, Contact | |
| Information, | |
| Email Address | |
| (Mandatory) | |
| Citizenship or | |
| Country of  incorporation/ | State of  incorporation |
| constitution |  |
| Legal Nature of  Legal Entity | |
|  | |
| Sole Proprietor or | |
| Partners’ name(s) | |
| (if sole | |
| proprietorship | |
| or partnership) | |
|  | |
| 4. Address for service  *Note: The address for service must be a Trinidad and Tobago address. It is effective for renewal matters only in respect of the trade mark for which this form is filed.* | |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | |
| Number of extra sheets attached to this form |  |  |
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