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
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 |
|  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.* |

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 |
|   Total number of classes this renewal relates to |

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| 1. State the expiry date of renewal
 |  |  |  |  |  |  |  |
|  |  | Day |  | Month |  | Year |  |
|  |

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| 3. Particulars of registered proprietor |
| Company Number(if applicable) |
|  |
| Name |
|  |
| Address, Contact |
| Information, |
| Email Address |
| (Mandatory) |
| Citizenship or |
| Country ofincorporation/ | State ofincorporation |
| constitution |  |
| Legal Nature ofLegal 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) |

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|  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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