**TRINIDAD AND TOBAGO**

**TRADE MARKS ACT**

**Regulation 22(1)(a)**

**Regulation 42(1)**

**Regulation 55(2)(a)(i)**

**THE TRADE MARKS REGULATIONS, 2020**

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| **FORM TM 14** | REQUEST TO CHANGE THE NAME, OR OTHER PARTICULARS OF APPLICANT FOR REGISTRATION, PROPRIETOR OR OTHER INTERESTED PERSON |
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| *General instructions*  *(a) If there is not enough space to fill in any part of this form, please use separate sheets.*  *(b) This form may also be used if there is a change (not involving a change in identity) in the name or address of a*  *licensee or any person with an interest recorded against an international trade mark in Trinidad and Tobago.*  *(c) If there has been a change in ownership of an international trade mark then complete WIPO Form. .*  *(d) If there is a change of name and/or address of the holder of an international registration, then complete WIPO*  *Form.* | |
| 1. Trade Mark Number(s) | |
| 1. Particulars presently on record of person whose name or other particulars are to be changed   Company Number  (if applicable)  Name  Address, Contact  Information, Email  Address (Mandatory)  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)  Other particulars  (please specify,  e.g., body description) | |
| 1. Record a change of: (tick where appropriate)   Name only Address only    Both name and address Other particulars \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify) | |
| 1. New particulars to be entered   Company Number  (if applicable)  Name  Address, Contact  Information, Email  Address (Mandatory)  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)  Other particulars  (please specify) | |

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| 1. Address for service   *Note:*  *The address for service must be a Trinidad and Tobago address. It is for the purpose of correspondence concerning this request for a change of name and/or other particulars only.*  Reference  Number  (if applicable)  Name  Address,  Contact  Information,  Email Address  (Mandatory) |
| 1. Signature   Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day Month Year  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (block letters)  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Status of Signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of extra sheets attached to this form |