TRINIDAD AND TOBAGO TRADE MARKS ACT

Regulation 22(1)(b) Regulation 55(2)(a)(ii)

THE TRADE MARKS REGULATIONS, 2020

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| **FORM TM 15** | APPLICATION TO AMEND THE SPECIFICATION, CLASS NUMBER OR THE PRIORITY CLAIM OF A TRADE MARK APPLICATION OR REGISTRATION |
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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)If you wish to surrender some of the goods or services of a registered trade mark then complete Form TM 21*  *instead of this form.**(c)If the amendment relates to more than one trade mark number, the amendment must be the same for all the trade*  *mark numbers.**(d)If in addition to amending the specification, class number or the priority claim of a trade mark application or*  *registration, there are other amendments (excluding change of name/address/address for service) you would like*  *to make to the same trade mark number, you may request them on this form. You do not need to lodge Form TM 16*  *separately for those amendments.* |
| 1. Trade Mark Number (s)
 | Class number(s) |
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| Total number of classes |

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| 2. Particulars of applicant for registration/registered proprietorCompany Number(if applicable) |
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| Name |
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| Address, Contact Information, Email Address(Mandatory) |
| Citizenship orCountry of State ofincorporation/ incorporationConstitution (where applicable) |
| Legal Nature ofLegal Entity |
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| Sole Proprietor orPartners’ name(s) (if sole proprietorshipor partnership) |
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| 1. Details of the amendment
	1. Data to be changed:
	2. Data as changed:
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| 4. 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)NameAddress, 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 |