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 proprietor  Company Number  (if applicable) |
|  |
| Name |
|  |
| Address, Contact Information, Email Address  (Mandatory) |
| Citizenship or  Country of State of  incorporation/ incorporation  Constitution (where applicable) |
| Legal Nature of  Legal Entity |
|  |
| Sole Proprietor or  Partners’ name(s) (if sole proprietorship  or 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)  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 |