TRINIDAD AND TOBAGO TRADE MARKS ACT

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Regulation 55(1), 55(2)(b)

THE TRADE MARKS REGULATIONS, 2020

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| **FORM TM 17** | 1. **APPLICATION FOR REVOCATION OR DECLARATION OF INVALIDITY OF REGISTRATION OF TRADE MARK OR**   **PROTECTION OF A PROTECTED INTERNATIONAL TRADE MARK IN TRINIDAD AND TOBAGO; OR**   1. **RECTIFICATION OF THE REGISTER BY PERSONS OTHER THAN THE PROPRIETOR OF THE TRADE MARK** |
| *General instructions*   1. *If there is not enough space to fill in any part of this form, please use separate sheets.* 2. *If the application relates to a protected international trade mark in Trinidad and Tobago, the international registration number must be given, in addition to the trade mark number and class number.* 3. *For rectification of the Register by the proprietor of the trade mark, please use Form TM 15 or Form TM 16 as the case may be.* 4. *The fee for this form is payable on a per trade mark number basis.* 5. *Please use one form for each type of application, i.e., revocation, declaration of invalidity or rectification.* | |
| 1. Trade Mark Number | |
| International Registration Number(s) *(if applicable)* | |
| Class number(s) | |
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| Total number of class(es) | |
| 2. Particulars of registered proprietor/holder of international registration  Company Number  (if applicable)  Name | |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Address, Contact  Information, Email  Address (Mandatory) | |  | | | | |  | | | | | | | | Citizenship or  Country of  incorporation/  constitution | |  | State of  incorporation  (where applicable) |  | | | Legal Nature of  Legal Entity | | | | | | | |  | | | | | | | | Sole Proprietor or  Partners’ name(s)  (if sole proprietorship  or partnership) | |  | | | | |
| 3. Particulars of applicant for revocation/declaration of invalidity/rectification   |  |  |  |  | | --- | --- | --- | --- | | Company Number  (if applicable) |  | | | |  | | | | | | | Name |  | | | | |  | | | | | | | Address, Contact  Information, Email  Address (Mandatory) |  | | | | |  | | | | | | | Citizenship or  Country of  incorporation/  constitution |  | State of  incorporation  (where applicable) |  | | | Legal Nature of  Legal Entity | | | | | | |
| Sole Proprietor or Partners’ name(s) (if sole proprietorship or partnership) |
| 4. This application is for:  (tick ONE option only)  revocation  declaration of invalidity rectification |
| 5. Attach a statement of grounds on which the application is made |
| 6. Address for service of applicant for revocation/declaration of invalidity/rectification  *Note:*  *The address for service must be a Trinidad and Tobago address.*  Reference Number  (if applicable)  Name  Address, Contact Information, Email Address (Mandatory) |

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| 7. Declaration  I declare that there is no action concerning the mark in question pending in the Court. |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day Month Year  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (block letters)  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Status of Signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Number of extra sheets attached to this form |