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) |
|  |
| Total number of class(es) |
| 2. Particulars of registered proprietor/holder of international registrationCompany Number(if applicable)Name |

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| Address, Contact Information, EmailAddress (Mandatory) |  |
|  |
|  Citizenship or Country of incorporation/ constitution |  | State ofincorporation(where applicable) |  |
|  Legal Nature of  Legal Entity |
|  |
|  Sole Proprietor or  Partners’ name(s)  (if sole proprietorship or partnership) |  |

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| 3. Particulars of applicant for revocation/declaration of invalidity/rectification

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| --- | --- |
| Company Number(if applicable) |   |
|  |
| Name |  |
|  |
| Address, Contact Information, EmailAddress (Mandatory) |  |
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|  Citizenship or Country of incorporation/ constitution |  | State ofincorporation(where applicable) |  |
| Legal Nature of  Legal Entity |

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| Sole Proprietor or Partners’ name(s) (if sole proprietorship or partnership) |
| 4. This application is for:(tick ONE option only)revocationdeclaration 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)NameAddress, Contact Information, Email Address (Mandatory) |

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| 7. DeclarationI 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 |