

**TRINIDAD AND TOBAGO  
TRADE MARKS ACT**

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

**THE TRADE MARKS REGULATIONS, 2020**

**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  
(2) RECTIFICATION OF THE REGISTER BY PERSONS OTHER  
THAN THE PROPRIETOR OF THE TRADE MARK**

*General instructions*

- (a) If there is not enough space to fill in any part of this form, please use separate sheets.*
- (b) 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.*
- (c) 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.*
- (d) The fee for this form is payable on a per trade mark number basis.*
- (e) 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

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)

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 \_\_\_\_\_

Number of extra sheets attached to this form