# TRINIDAD AND TOBAGO TRADE MARKS ACT

**Regulation 15(1)**

**THE TRADE MARKS REGULATIONS, 2020**

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| **FORM TM 2** | **APPLICATION TO REGISTER A TRADE MARK, COLLECTIVE MARK OR CERTIFICATION MARK** |
| *General Instructions*   1. *Please fill in the application form carefully and note that only minimal changes to the application are allowed after you have filed the application. Amendments will also need to be accompanied by fees.* 2. *If there is not enough space to fill in any part of this form, please use separate sheets.* 3. *The fee for this form is payable on a per trade mark number basis.* | |
| 1. Please indicate here if this application is for a trade mark, collective mark or certification mark  *(tick one box only)* | |
| Trade Mark Collective Mark Certification Mark  *Note*  *Please submit the regulations for a collective mark or a certification mark on Form TM 5 within 9 months of making this application.* | |

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| 2. Representation of the trade mark  *Notes:*   1. *If you use a separate sheet of paper, please ensure that the mark is no larger than 8cm x 8cm.* 2. *If your application is for a shape, please ensure that the shape is properly defined by providing all the relevant views depicting the shape on letter sized paper. Please ensure that the shape is no larger than 8cm x 8cm. Where the representation exceeds the space in size, the representation shall be provided on a separate sheet of letter sized paper to be annexed to this Form.* 3. *If you have affixed a representation of the mark in colour, please note that the mark will be registered in these colours. If you do not wish to register the mark in colour, please attach a black and white representation of the mark.* 4. *If you have affixed a representation of the mark in black and white, please note that we will not consider these colours as features of the mark.* |
| 3. If the mark contains or consists of a device, give a description of the device in words |
| 4. If the application is for a series of trade marks, indicate |
| the number of trade marks in the series applied for |

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| 5. If the application claims priority, please tick the box and provide particulars of the claim at Annex A. | |
| 6. Indicate whether any of the following is claimed. If yes, fill in Part 7:  *(tick where appropriate)* | |
| 3-dimensional shape | *Note*  *Please tick colour(s) as a trade mark only if your trade mark consists solely of colour(s).* |
| sound |
| colour(s) as a trade mark |  |
| other non-conventional mark  *[Please specify]* |  |
| 7. If 3-dimensional shape, sound, colour(s) as a trade mark or other non-conventional mark is claimed, provide a description of your claim to the particular feature in words | |
| 8. If you wish to disclaim the right to the exclusive use of any part of the mark, or limit the rights that you are claiming under the mark in any way, please indicate the limitations  (e.g., colour(s) limitation) or disclaimers | |

1. If the mark contains or consists of word(s) not being English word(s), provide the derivation of the word(s). If it is a coined word and does not have any meaning in the trade/industry, please state accordingly. If it can be translated, fill in Part 10.
2. If the mark contains or consists of non-English word(s) and/or non-Roman character(s), provide the English translation and/or transliteration as follows:

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| Representation of the word(s)/ character(s) |  |
| Language of word(s)/character(s) |  |
| Translation of each word(s)/ character(s) and the word(s)/ character(s) taken together as a whole |  |
| Transliteration of character(s) |  |

*(Attach translation and/or transliteration either by a certified translator or from dictionary)*

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| 11. Specification of goods/services. Provide details at Annex B. | | | | | | |
| 12. Particulars of applicant for 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) | | |  | | |  |
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13. Representative

*Note: Reference number to be left blank if the authorisation of agent has not, or has not yet, been allotted a reference number or if the reference number is not yet known to the applicant or the representative.*

The applicant is not represented. The applicant is represented.

Identification of the representative Name:

Address (including postal code and country):

Telephone number(s): (with the area code)

Telefacsimile number(s): (with the area code)

The authorisation of agent is already in the possession of the Office. Reference number: ...................................................

The authorisation of agent is attached.

The authorisation of agent will be furnished at a later date. No authorisation of agent is needed.

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| 14. Address for service |
| *Note:*  *The address for service must be a Trinidad and Tobago address.*  Reference Number  (if applicable)  Name  Address, Contact Information, Email Address  (Mandatory) |
| 15. Declaration  The trade mark is used in the course of trade, by the applicant or with his consent, in relation to the goods or services stated, or there is a *bona fide* intention that it will be so used.  Signature Date -- ---------- \_----  Day Month Year  Name Tel. No:  (block letters)  Email Address: Status of Signatory |
| Total number of pages submitted  including Annex A and B but excluding any covering letter) |

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| **Annex A**  ***Fill in this annex only if priority is claimed.***  *Note:*  *If the space provided is insufficient, please continue on separate sheets.*  *Use one sheet for one priority claim.* | | | | | | | | | |
| Priority Number | |  | | | | | |  |  |
| Name of country | |  | | | | | | |  |
|  | | | | | | |  |
|  | | | | | | |  |
| Date claimed | |  | - |  | - |  |  | |  |
| Day Month Year | | | | | | | | | |
|  | | | | | | | | | |
|  | Goods/services   |  |  | | --- | --- | | Are you claiming priority in respect of all the goods or services claimed | | | in this class? | Yes  No | |  | |   If “No”, please state the goods or services in respect of which priority is claimed. | | | | | | | |  |
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| **Annex B**  *Notes:*  *1. If the space provided is insufficient, please continue on separate sheets.*  *2.The goods and services listed here must conform to the International Classification of Goods and Services as prescribed by the Nice Agreement or the Controller may require you to amend it with fees.* | | | | |
| Class Number(s) | |  |
| Goods/services | | | | |
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