

**TRINIDAD AND TOBAGO
TRADE MARKS ACT**

Regulation 59(1)(a)

THE TRADE MARKS REGULATIONS, 2020

FORM TM 20

NOTICE TO CANCEL A REGISTRATION

General instructions

(a) If there is not enough space to fill in any part of this form, please use separate sheets.

(b) The fee for this form is payable on a per trade mark number basis.

Trade Mark Number

1. Particulars of registered proprietor

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)

2. 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)

3. State whether any licensee(s) or any other person has a registered interest in the registered trade mark. If yes, give details

4. Declaration

I confirm that there are no interested parties in the mark.

or

I confirm that those with a registered interest in the mark (as indicated at Part 4 above) have been notified of the intended cancellation three months prior to this form being filed, or they consent to the cancellation.

5. Signature

Signature _____ Date _____
Day Month Year

Name _____ Tel. No: _____
(block letters)

Email Address: _____

Status of Signatory _____

Number of extra sheets attached to this form