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| **NOTICE OF PARTIAL CANCELLATION OF THE FORM TM 21 SPECIFICATION OF GOODS OR SERVICES FOR WHICH****THE MARK IS REGISTERED** |
| *General instructions**(a)If there is not enough space to fill in any part of this form, please use separate sheets. (b)The fee payable for this form is chargeable on a per trade mark basis.* |
| 1. Trade Mark Number |
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| Class number(s) affected by thiscancellation |
| Total number of class(es) affected by this cancellation |
| 2. Particulars of registered proprietorCompany Number(if applicable) NameAddress, Contact Information, Email Address(Mandatory)Citizenship or State ofCountry of incorporationincorporation/ (where applicable) constitutionLegal Nature of Legal Entity |

TRINIDAD AND TOBAGO TRADE MARKS ACT

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Regulation 59(1)(b)

THE TRADE MARKS REGULATIONS, 2020

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| Sole Proprietor or Partners’ name(s)(if sole proprietorship or partnership) |
| 3. Address for service*Note:**The address for service must be a Trinidad and Tobago address. It is for the purpose of correspondence concerning this notice of partial cancellation of the specification of goods or services only.*Reference Number(if applicable)NameAddress, Contact Information, Email Address(Mandatory) |
| 4. Goods or services to remain |

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| 5. State whether any licensee(s) or any other person has a registered interest in the registered trade mark. If yes, give details |
| 6. DeclarationI confirm that there are no interested parties in the mark. orI confirm that those with a registered interest in the mark (as indicated at Part 5 above) have been notified of the intended cancellation three months prior to this form being filed, or they consent to the cancellation. |
| 1. Signature

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Month Year Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (block letters)  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Status of Signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Number of extra sheets attached to this form  |