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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 this  cancellation |
| Total number of class(es) affected by this cancellation |
| 2. Particulars of registered proprietor  Company Number  (if applicable) Name  Address, Contact Information, Email Address  (Mandatory)  Citizenship or State of  Country of incorporation  incorporation/ (where applicable) constitution  Legal 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)  Name  Address, 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. 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 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 |