TRINIDAD AND TOBAGO TRADE MARKS ACT

Regulation 53(1)(c)

THE TRADE MARKS REGULATIONS, 2020

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| **FORM TM 25** |  |  | **APPLICATION TO AMEND A LICENCE** |
| *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.* | | | |
| 1. Trade Mark Number(s) | | | |
| 2. Particulars of applicant for registration/registered proprietor/licensee  *Note:*  *The particulars of a licensee need only be given here if this application is for amendment of a sub-licence.*  Company Number  (if applicable)  Name  Address, Contact Information, Email Address  (Mandatory)  Citizenship or  Country of State of  incorporation/ incorporation  constitution (where applicable) | | | |

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| Legal Nature of Legal Entity  Sole Proprietor or Partners’ name(s)  (if sole proprietorship or partnership) |
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| 3. Particulars of licensee/sub-licensee  *Note:*  *The particulars of a sub-licensee need only be given here if this application is for amendment of a sub-licence.*  Company Number  (if applicable)  Name  Address, Contact Information, Email Address  (Mandatory)  Citizenship or  Country of State of  incorporation/ incorporation  constitution (where applicable)  Legal Nature of Legal Entity  Sole Proprietor or Partners’ name(s)  (if sole proprietorship or partnership) |

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| 4. Write below details of the amendment |
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| 5. Address for service of applicant for registration/registered proprietor/grantor  *Note*  *The address for service must be a Trinidad and Tobago address. It is for the purpose of correspondence concerning this application to amend a licence or sub-licence only.*  Reference Number  (if applicable)  Name  Address, Contact Information, Email Address  (Mandatory) |

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| 1. Address for service of licensee/sub-licensee   *Notes:*   1. *The address for service must be a Trinidad and Tobago address. It is for the purpose of correspondence concerning this application to amend a licence or sub-licence only.* 2. *The address for service of a sub-licensee need only be given if this application is for amendment of a*   *sub-licence.*  Reference  Number  (if applicable)    Name  Address,  Contact  Information,  Email  Address  (Mandatory) |
| 1. Status of the person making this application, his signature and name   (tick where appropriate)  applicant for registration/registered proprietor  licensee  sub-licensee  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day Month Year  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (block letters)  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Status of Signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. Please select one of the following boxes: | | |
|  |  | This application is signed by or on behalf of the grantor of the licence  *(If this box is selected, please fill in 9 of this form)* |
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|  |  | The original certified copy of the documentary evidence establishing the transaction is attached |
|  | | |
| 1. Signature of grantor of the licence   (or his representative)  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day Month Year  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (block letters)  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Note*  *The applicant for registration/registered proprietor is the grantor if this application is for amendment of a license whereas the licensee is the grantor if this application is for amendment of a sub-license.* | | |
| Number of extra sheets attached to this form | | |