# TRINIDAD AND TOBAGO TRADE MARKS ACT

**Regulation 53(1)(d)**

**THE TRADE MARKS REGULATIONS, 2020**

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| **FORM TM 26** |  | **APPLICATION TO REMOVE 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 removal of a sub-licence.*Company Number(if applicable)NameAddress, Contact Information, Email Address (Mandatory)Citizenship orCountry of State ofincorporation/ incorporationconstitution (where applicable) |

Legal Nature of Legal Entity

Sole Proprietor or Partners’ name(s) (if sole proprietorship

or partnership)

3. Particulars of licensee/sub-licensee

*Note:*

*The particulars of a sub-licensee need only be given here if this application is for removal of a sub-licence.*

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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| 4. Provide details of the licence/sub-licence to be removed |
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| 5. Address for service of applicant for registration/registered proprietor/licensee*Note**The address for service must be a Trinidad and Tobago address. It is for the purpose of correspondence concerning this application to remove a licence or sub-licence only.*Reference Number(if applicable)NameAddress, 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 remove a licence or sub-licence only.*
	2. *The address for service of a sub-licensee need only be given if this application is for removal of a sub- licence.*

Reference Number(if applicable)NameAddress, Contact Information, Email Address(Mandatory) |
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| 7. Status of the person making this application, his signature and name(tick where appropriate)applicant for registration/registered proprietor licenseesub-licensee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Month YearName Tel. No: (block letters)Email Address: Status of Signatory  |

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| 8. 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)* |
| The original certified copy of the documentary evidence establishing the transaction is attached |
| 9. Signature of grantor of the licence(or his representative) Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Month YearName Tel. No: (block letters)Email Address: *Note**The applicant for registration/registered proprietor is the grantor if this application is for cancellation of a license whereas the licensee is the grantor if this application is for cancellation of a sub-licence.* |
| Number of extra sheets attached to this form |