# 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)  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)

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)  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 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)  Name  Address, 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 licensee  sub-licensee  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day Month Year  Name 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 Year  Name 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 |