TRINIDAD AND TOBAGO TRADE MARKS ACT

Regulation 49(3) Regulation 53(9)

THE TRADE MARKS REGULATIONS, 2020

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| **FORM TM 31** | **REQUEST FOR EXTENSION OF TIME** | | | | | |
| *General Instructions*   1. *This form is not applicable in matters relating to opposition proceedings.* 2. *The fee for this form is payable based on the number of extensions requested.* | | | | | | |
| 1. Extension of time in relation to *(please tick only 1 box):* | | | | | | |
| Renewal |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Restoration of registration | | | | | | |
|  | | | | | | |
| Assignment |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Licence |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Registrable transactions other than Assignment or Licence | | | | | | |
| Other |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Deadline given to respond to Controller’s queries/objections | | | | | | |
|  | Day |  |  | Month |  | Year |

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| --- |
| 2. Name of Applicant/Holder  Trade Mark Number(s) |
| International Registration Number(s)  *(Note: If your request for extension of time arises from an international registration designating Trinidad and Tobago, both the trade mark number and the international registration number must be indicated.)* |
| 3. Nature of Request *(please tick the appropriate box):*  First request for extension of time Second request for extension of time  Third or subsequent request for extension of time  Reason(s) for third or subsequent request for extension of time: |

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| 4. Address for service  *Note:*  *The address for service must be an address in Trinidad and Tobago. It is for the purpose of correspondence concerning this request for an extension of time only.*  Reference Number  *(if applicable)*  Name  Address,Contact Information, Email Address (Mandatory) |
|  |
| 5. Signature  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day Month Year  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (block letters)  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Status of Signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |