TRINIDAD AND TOBAGO TRADE MARKS ACT

Regulation 23(2) Regulation 26 Regulation 44(2) Regulation 44(3) Regulation 54(4) Regulation 62(1) Regulation 64(1)(a)

THE TRADE MARKS REGULATIONS, 2020

|  |  |
| --- | --- |
| **FORM TM 6** | **NOTICE OF OPPOSITION** |
| *General Instructions* |
| *(a)* | *If there is not enough space to fill in any part of this form, please use separate sheets.* |
| *(b)* | *If the Notice of Opposition relates to an international registration designating Trinidad and Tobago, the**international registration number must be given, in addition to the trade mark number and class number(s).* |
| *(c)* | *The fee for this form is payable on a per trade mark number basis.* |
| 1. This opposition relates to:*(tick one box only)*a pending trade mark applicationa pending collective mark application or certification mark application an amendment of a pending trade mark application after publication an alteration of a registered trade markan amendment of regulations governing the use of a collective mark or certification markthe removal of any matter from the Register |
|

|  |
| --- |
|  |

 2. Trade Mark Number

|  |
| --- |
|  |

 International Registration Number

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

 Class number(s) this opposition relates to

|  |
| --- |
|  |

 Total number of classes this  opposition relates to |

|  |
| --- |
| 3. Particulars of opponent |
| Company Number(if applicable) |
|  |
| Name |
|  |
| Address, Contact |
| Information, |
| Email Address |
| (Mandatory) |
| Citizenship or |
| Country ofincorporation/ | State ofincorporation |
| constitution |  |
| Legal Nature ofLegal Entity |
|  |
| Sole Proprietor or |
| Partners’ name(s) |
| (if sole |
| proprietorship |
| or partnership) |
|  |
| 4. Address for service |
| *Note:* |
| *The address for service must be a Trinidad and Tobago address.* |
| Reference Number |
| (if applicable) |
| Name |
| Address, ContactInformation, Email Address (Mandatory) |

|  |
| --- |
| 5. Grounds of opposition |
| Signature Date -- ---------- ----Day Month YearName Tel. No: (block letters)Email Address: Status of Signatory  |
| Number of extra sheets attached to this form |

\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_