TRINIDAD AND TOBAGO TRADE MARKS ACT

Regulation 35(3)

THE TRADE MARKS REGULATIONS, 2020

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| **FORM TM 8** | **NOTICE TO THE CONTROLLER OF ATTENDANCE AT HEARING** | |
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| *General instructions*   1. *If there is not enough space to fill in any part of this form, please use separate sheets.* 2. *“Applicant” refers to an applicant for a trade mark or an applicant for revocation, invalidation or rectification. “Opponent” refers to the person filing an opposition to a trade mark application. “Respondent” refers to the person responding to an application for revocation, invalidation or rectification.* 3. *If the hearing relates to an international registration designating Trinidad and Tobago or a protected international trade mark in Trinidad and Tobago, the international registration number must be given, in addition to the trade mark number and class number.* 4. *The fee for this form is payable on a per trade mark number basis.* | | |
| 1. Trade Mark Number in respect of which the hearing is being held | | |  | | --- | |  | |
| International Registration Number | | |  | | --- | |  | |
| Class number(s) in respect of which the hearing is being held | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |
| Total number of classes in respect of which the hearing is being held | | |  | | --- | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2. Reason for hearing  *(tick where appropriate)*  Opposition to application for registration/protection  Revocation of registration/protection  Declaration of invalidity of registration/protection  Rectification of the Register  Opposition to amendment of regulations governing the use of a collective mark or  certification mark  Other matters  (Please specify)   |  | | --- | |  | | | | | | | | | | | | | |
| 3. I, the | |  | | | | | | in the matter indicated at Part 2 | | | | |
|  | | (applicant/opponent/respondent/other) | | | | | | | | | | |
| confirm that the hearing before the Controller arranged for | | | | | | | | |  | | hours | |
|  | | | | | | | | | (insert time) | | | |
| on |  | | | - |  | - |  | will be attended by me/us or by | | | | |
|  | Day | | |  | Month |  | Year |  | | | | |
| my agent | | |  | | | | | | | | |  |
|  | | | (insert name of agent) | | | | | | | | | |
|  | | | | | | | | | | | | |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Day Month Year  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (block letters) Applicant/Opponent/Respondent/Agent  Address/Contact  Information/  Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Status of Signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
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| Number of extra sheets attached to this form | | | | | | | | | |  | |  |
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