TRINIDAD AND TOBAGO TRADE MARKS ACT

Regulation 35(3)

THE TRADE MARKS REGULATIONS, 2020

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| **FORM TM 8** | **NOTICE TO THE CONTROLLEROF 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.*
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| 1. Trade Mark Number in respect of which the hearing is being held |

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 |
| International Registration Number |

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| Class number(s) in respect of which the hearing is being held |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  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)

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| 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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