TRINIDAD AND TOBAGO TRADE MARKS ACT

Regulation 47(3)(a) Regulation 47(4)

THE TRADE MARKS REGULATIONS, 2020

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| **FORM TM 9** | **APPLICATION FOR RENEWAL****OF REGISTRATION** |
| *General instructions**(a) This form may be used for the following types of renewal:*  *(i)request for renewal made on or before the date of expiry of registration;* *(ii)where a mark is registered within six months before the expiry of the mark provided that the request for renewal is made within six months from the date of the actual registration of the mark;* *(iii)where a mark is registered after its expiry date provided that the request for renewal is made within six months from the date of the actual registration of the mark.**(b)If there is not enough space to fill in any part of this form, please use separate sheets.**(c)You must send a separate form for each trade mark number.* *(d)The fee for this form is payable on a per trade mark number basis.*  |
| 1. Trade Mark Number |

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 |
|  Class number(s) this renewal relates to*Note:* *Class must be registered in order to be renewable. If you wish to cancel part of the specification of goods/services, please additionally lodge Form TM 21.* |

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 |
|  Total number of classes this renewal relates to |

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| 2. State the expiry date of trade mark |  |  |  |  |  |  |  |
|  |  | Day |  | Month |  | Year |  |

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| 3. Particulars of registered proprietorCompany 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) |
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| 4. Address for service |
| *Note: The address for service must be a Trinidad and Tobago address. It is effective for renewal matters only* |
| *in respect of the trade mark for which this form is filed.* |
| Reference Number |
| (if applicable) |
| Name |
| Address, Contact |
| Information, Email |
| Address (Mandatory) |

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|  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Month Year Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (block letters)  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Status of Signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  Number of extra sheets attached to this form |  |  |
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