

**TRINIDAD AND TOBAGO
TRADE MARKS ACT**

**Regulation 22(1)(a)
Regulation 42(1)
Regulation 55(2)(a)(i)**

THE TRADE MARKS REGULATIONS, 2020

FORM TM 14	REQUEST TO CHANGE THE NAME, OR OTHER PARTICULARS OF APPLICANT FOR REGISTRATION, PROPRIETOR OR OTHER INTERESTED PERSON
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General instructions

- (a) *If there is not enough space to fill in any part of this form, please use separate sheets.*
- (b) *This form may also be used if there is a change (not involving a change in identity) in the name or address of a licensee or any person with an interest recorded against an international trade mark in Trinidad and Tobago.*
- (c) *If there has been a change in ownership of an international trade mark then complete WIPO Form. .*
- (d) *If there is a change of name and/or address of the holder of an international registration, then complete WIPO Form.*

1. Trade Mark Number(s)

2. Particulars presently on record of person whose name or other particulars are to be changed

Company Number
(if applicable)

Name

Address, Contact
Information, Email
Address (Mandatory)

Citizenship or
Country of
incorporation/
constitution

State of
incorporation
(where applicable)

Legal Nature
of Legal
Entity

Sole Proprietor or
Partners' name(s)
(if sole
proprietorship or
partnership)

Other particulars
(please specify,
e.g., body description)

3. Record a change of: (tick where appropriate)

Name only

Address only

Both name and address

Other particulars _____ (please specify)

4. New particulars to be entered

Company Number
(if applicable)

Name

Address, Contact
Information, Email
Address (Mandatory)

Citizenship or
Country of
incorporation/
constitution

State of
incorporation
(where applicable)

Legal Nature of
Legal Entity

Sole Proprietor or
Partners' name(s)
(if sole proprietorship or
partnership)

Other particulars
(please specify)

5. Address for service

Note:

The address for service must be a Trinidad and Tobago address. It is for the purpose of correspondence concerning this request for a change of name and/or other particulars only.

Reference
Number
(if applicable)

Name

Address,
Contact
Information,
Email Address
(Mandatory)

6. Signature

Signature _____

Date _____
Day Month Year

Name
(block letters) _____

Tel. No: _____

Email Address: _____

Status of Signatory _____

Number of extra sheets attached to this form