

**TRINIDAD AND TOBAGO
TRADE MARKS ACT**

Regulation 55(1), 55(2)(b)

THE TRADE MARKS REGULATIONS, 2020

FORM TM 17

**(1) APPLICATION FOR REVOCATION OR DECLARATION OF
INVALIDITY OF REGISTRATION OF TRADE MARK OR
PROTECTION OF A PROTECTED INTERNATIONAL TRADE MARK
IN TRINIDAD AND TOBAGO; OR
(2) RECTIFICATION OF THE REGISTER BY PERSONS OTHER
THAN THE PROPRIETOR OF THE TRADE MARK**

General instructions

- (a) If there is not enough space to fill in any part of this form, please use separate sheets.*
- (b) If the application relates to 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.*
- (c) For rectification of the Register by the proprietor of the trade mark, please use Form TM 15 or Form TM 16 as the case may be.*
- (d) The fee for this form is payable on a per trade mark number basis.*
- (e) Please use one form for each type of application, i.e., revocation, declaration of invalidity or rectification.*

1. Trade Mark Number

International Registration
Number(s)
(if applicable)

Class number(s)

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Total number of class(es)

2. Particulars of registered proprietor/holder of international registration

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)

3. Particulars of applicant for revocation/declaration of invalidity/rectification

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)

4. This application is for:

(tick ONE option only)

revocation

declaration of invalidity

rectification

5. Attach a statement of grounds on which the application is made

6. Address for service of applicant for revocation/declaration of invalidity/rectification

Note:

The address for service must be a Trinidad and Tobago address.

Reference Number
(if applicable)

Name

Address, Contact
Information, Email
Address (Mandatory)

7. Declaration

I declare that there is no action concerning the mark in question pending in the Court.

Signature _____ Date _____
Day Month Year

Name _____ Tel. No: _____
(block letters)

Email Address: _____

Status of Signatory _____

Number of extra sheets attached to this form