TRINIDAD AND TOBAGO TRADE MARKS ACT

Regulation 58(1)

TRADE MARKS REGULATIONS, 2020

|  |
| --- |
| **FORM TM 18 APPLICATION TO INTERVENE IN PROCEEDINGS** |
| *General instructions*1. *If there is not enough space to fill in any part of this form, please use separate sheets.*
2. *If the proceeding relate to a protected international trade mark, the international registration number must be given, in addition to the trade mark number and the class number.*
3. *The fee for this form is payable on a per trade mark number basis.*
 |
| 1. Trade Mark Number(s)International Registration Number(s) |
| 2. Particulars of registered proprietor/holder of international registrationCompany Number (if applicable)NameAddress, Contact Information, Email Address(Mandatory)Citizenship orCountry of State ofincorporation/ incorporationconstitution (where applicable)Legal Nature of Legal EntitySole Proprietor or Partners’ name(s) (if sole proprietorshipor partnership) |

|  |
| --- |
| 3. Particulars of applicant for interventionCompany Number (if applicable) |
|  |
| Name |
|  |
| Address, Contact Information, Email Address(Mandatory) |
| Citizenship or |
| Country of State ofincorporation/ incorporation |
| constitution (where applicable) |
| Legal Nature ofLegal Entity |
| Sole Proprietor or |
| Partners’ name(s) (if sole proprietorshipor partnership) |
|  |
| 4. Give details of the grounds of the application to intervene |

|  |
| --- |
| 5. Address for service for applicant to intervene*Note**The address for service must be a Trinidad and Tobago address.*Reference Number (if applicable)NameAddress, Contact Information, Email Address (Mandatory) |
| 6. Signature Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Month Year Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (block letters)  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Status of Signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of extra sheets attached to this form |