

**TRINIDAD AND TOBAGO  
TRADE MARKS ACT**

**Regulation 53(1)(d)**

**THE TRADE MARKS REGULATIONS, 2020**

**FORM TM 26**

**APPLICATION TO REMOVE A LICENCE**

*General instructions*

(a) If there is not enough space to fill in any part of this form, please use separate sheets.

(b) The fee for this form is payable on a per trade mark number basis.

1. Trade Mark Number(s)

2. Particulars of applicant for registration/registered proprietor/licensee

*Note:*

*The particulars of a licensee need only be given here if this application is for removal of a sub-licence.*

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 licensee/sub-licensee

*Note:*

*The particulars of a sub-licensee need only be given here if this application is for removal of a sub-licence.*

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. Provide details of the licence/sub-licence to be removed

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5. Address for service of applicant for registration/registered proprietor/licensee

*Note*

*The address for service must be a Trinidad and Tobago address. It is for the purpose of correspondence concerning this application to remove a licence or sub-licence only.*

Reference  
Number  
(if applicable)

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Name

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Address, Contact  
Information,  
Email Address  
(Mandatory)

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6. Address for service of licensee/sub-licensee

*Notes*

(a) *The address for service must be a Trinidad and Tobago address. It is for the purpose of correspondence concerning this application to remove a licence or sub-licence only.*

(b) *The address for service of a sub-licensee need only be given if this application is for removal of a sub-licence.*

Reference  
Number  
(if applicable)

Name

Address, Contact  
Information,  
Email Address  
(Mandatory)

7. Status of the person making this application, his signature and name

(tick where appropriate)

applicant for registration/registered proprietor

licensee

sub-licensee

Signature \_\_\_\_\_

Date \_\_\_\_\_  
Day                      Month                      Year

Name \_\_\_\_\_  
(block letters)

Tel. No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Status of Signatory \_\_\_\_\_

8. Please select one of the following boxes:

This application is signed by or on behalf of the grantor of the licence  
*(If this box is selected, please fill in 9 of this form)*

The original certified copy of the documentary evidence establishing the transaction is attached

9. Signature of grantor of the licence  
(or his representative)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Day Month Year

Name \_\_\_\_\_ Tel. No: \_\_\_\_\_  
(block letters)

Email Address: \_\_\_\_\_

*Note*

*The applicant for registration/registered proprietor is the grantor if this application is for cancellation of a license whereas the licensee is the grantor if this application is for cancellation of a sub-licence.*

Number of extra sheets attached to this form