



Form TM 2

Amendment to Trade Mark Application

Fee: \$68.00 plus \$38.00 for each additional mark in series

\$68.00 for amendment of class (fee per class)

Use **this form** to request an amendment to an application for registration of a trade mark (before or after publication).

1. Full Name of Owner (as filed)

2. Full Address (as filed)

Postcode	

3. Full Name of Agent

4. Full Address

Postcode	

Email address

Telephone

5. Interest in the Trade Mark – Tick one of the options

- ☐ Recorded owner
- ☐ Recorded representative for the Owner
- ☐ Other (please specify)

6. Please indicate clearly the amendment to the application as provided below, if applicable. Use a continuation sheet if necessary.

Trade Mark Application No:

- ☐ Amend representation of mark _____
- ☐ Delete class No. _____
- ☐ Add class No. _____
- ☐ Amend class No. _____ (please state below the list of goods and/or services as amended)
- ☐ Amend name or address of Owner

Details to be amended or corrected:

Upload or attach new mark

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Number of continuation sheets attached

7. Signature

Name

(BLOCK CAPITALS)

Date

8. Your Reference

Complete if you would like us to quote this in communications with you, otherwise leave blank

Your Contact details should we have a query

Name

Email

Phone

9. Checklist

Please make sure you have remembered to:

☐ Provide the trade mark number(s)

☐ Sign and date the form

Email submissions with direct deposits to:

rgintellectualproperty@gov.bm

Post forms with cheques only to:

Intellectual Property Office
% Registry General
Government Administration Building, 4th Floor
30 Parliament Street
Hamilton HM 12
Bermuda

Fees and Payment Method

We will only process the form with this section completed (one form per payment)

Total fee paying (\$)

Your payment reference

☐ Payments by cheque, cash, debit or credit cards or revenue stamps can be made in office by **3:15PM**.

☐ **Cheque** – make payable to ‘Accountant General’

☐ **Bank Transfer / Direct Deposit**

Beneficiary Bank: **HSBC Bank of Bermuda Limited**, 37 Front Street, Hamilton 11, Bermuda

Beneficiary Name: **GOVERNMENT OF BERMUDA** – Registry General

Beneficiary Account Number: **010-125250-001** Bermuda Dollar Account

Beneficiary Account Number: **010-125250-501** US Dollar Account

Reference – Trade Mark name or number(s) or your name and reference number(s)

CONTINUATION PAGE

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