

Form TM 3

Application to Register a Trade Mark

Fee(s): \$269.00 plus \$20.00 per each additional mark in series \$139.00 for each additional class specified

Use this form to file your application to register a trade mark.

Please note: In cases where a trade mark application is being filed by a trade mark agent or attorney, a completed Form TM 13 must be submitted along with this form.

An Examination Report will be issued. Failure to reply to the examination report within the time allowed may result in the application being withdrawn/refused.

1. Full Name of Proposed Owner	
Full Address	
(If address is not within Bermuda, you must	
also complete Section 2 below)	
	Postor de
	Postcode
Email address (Complete if you have no representative and would like us to correspond with you by email)	
Company Registration Number (Complete if the applicant is a company or LLP Incorporated in Bermuda)	
Country of Incorporation (If registered in the USA, also enter the "State" e.g. "Delaware")	
2. Full Name Agent (If you have no representative, go to Section 3)	
Full Address	
(The address provided within this section must be within Bermuda)	
	Postcode

Email address	
Telephone Number	
3. Trade mark type	Trade Mark Certification Mark Collective Mark Series
4. Number of trade marks in series Enter number only if applying for a series of trade marks (max. 6 trade marks)	
Note: Series is a number of marks with very small different for cost.	ence e.g. 'danryvol', 'DANRYVOL', 'Danryvol". See fee Schedule
5. Representation of your trade mark or trade m Enter your trade mark in the space provided or attach on Tick if attached	
If your trade mark is a 3D shape and you are showing difmark please indicate the number of views in the box provimages per trade mark is 6.	

6. Trade mark classification

You need to tell us which goods and services you are going to use your mark for. Goods and Services are classified in an internationally agreed list of classes. For information on the system of classification used, visit: Nice Classification

Or link to the document (Classification of Goods and Services) on the Registry's webpage

Class number	List of goods and services
Additional details, if any.	

7. Trade mark description (optional) – If your trade mark is not a traditional trade mark such as a word, logo, picture, letters, etc. You can tell us here. E.g. if it is a 3 dimensional shape or hologram.	n n
8. Limitations (optional) – Enter any limitations to your rights that you wish to volunteer. E.g. If you want to limit your rights to the trade mark to particular geographical areas, or specific colour/s.	f k
9. Disclaimer (optional) – If you want to volunteer to disclaim any rights to a part of your mark, you can do so here.	
10. Priority Claim (Optional)	
If this Trade Mark is registered outside Bermuda, you can claim priority by entering the details here.	Priority Claim Country Application/ Registration Number Priority Claim Date
NB: F	Please attach/upload a copy of priority document being relied upon.
Priority Claim Type	☐ For all good and services
You must tick one of the priority claim type options	☐ For some goods and services
List partial goods and services for priority claim	
Class:	Upload/Attach Documents
DECLARATION: The Trade Mark is used in the coungoods or services stated, or there is a bona fide intention	arse of trade, by the applicant or with his consent, in relation to the on that it will be so used.
Signature	
Name (BLOCK CAPITALS)	

Date			
11	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	;		
Please	e make sure you have remembered to:		
	Sign and date the form		
	Enclose the fee		
Email	submissions with direct deposits to:	Post forms with cheques only to:	
rginte	llectualproperty@gov.bm	Intellectual Property Office % Registry General Government Administration Building, 4 th Floor 30 Parliament Street Hamilton HM 12	
Fees a	and Payment Method	Bermuda	
We w	ill only process the form with this section comp	upleted (one form per payment)	
Total	fee paying (\$)		
Your	payment reference		
	Payments by cheque cash debit or credit cards	Is or revenue stamps can be made in office by 3:15PM .	
		1	
	Cheque – make payable to 'Accountant General	ral'	
	Bank Transfer / Direct Deposit		
		Bermuda Limited, 37 Front Street, Hamilton 11, Bermuda OF BERMUDA – Registry General	
	Beneficiary Account Number: 010-1252 Beneficiary Account Number: 010-1252		
	Reference – Trade Mark name or number(s) or	or your name and reference number(s)	