



Form TM 11

Application to Record, Amend or Terminate a Licence

Fees: Recordal: \$112.00 for the first and \$38.00 for each additional mark

Amendment: \$161.00 for the first and \$38.00 for each additional mark

Termination: \$82.00 for the first and \$38.00 for each additional mark

1. Full name of recorded owner (Licensor):

Address

| | |
|----------------------|----------------------|
| <input type="text"/> | |
| <input type="text"/> | |
| <input type="text"/> | |
| Postcode | <input type="text"/> |

2. Full name of the Licensee:

Licensee type:

Specify whether Person, Company/LLP, Partnership, Trust or Other.

Licensee address

| | |
|----------------------|----------------------|
| <input type="text"/> | |
| <input type="text"/> | |
| <input type="text"/> | |
| Postcode | <input type="text"/> |

Email address:

Company registration number:

Complete if the applicant is a company incorporated in the Bermuda

3. Licensee Agent's name:

If applicable

Address:

This address must be within Bermuda

| | |
|----------|--|
| | |
| | |
| | |
| Postcode | |

Email address

| |
|--|
| |
|--|

4. Date licence starts:

| |
|--|
| |
|--|

Date licence ends:

If applicable.

| |
|--|
| |
|--|

5. Is the licence exclusive?

Tick as appropriate

Note: if the licence is exclusive, it means that the licensee can use the trade mark in the way allowed by the licence, to the exclusion of everyone else, including the registered owner.

| | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

6. Is the licence limited to a geographical area?

| | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Yes* <i>Complete details below*</i> |
| <input type="checkbox"/> | No |

Area of geographical limitation*:

If applicable, enter name of city/region or specify

| |
|--|
| |
|--|

7. Goods and Services

For which goods or services is the licence to be recorded?

Tick option below.

| | |
|--------------------------|---|
| <input type="checkbox"/> | All goods and services |
| <input type="checkbox"/> | Some goods and services (<i>please specify below including class number, use a continuation sheet if necessary</i>) |

| |
|--|
| |
|--|

8. Authorization to record, amend or terminate Licence

Note: Current owner or their recorded representative must complete and sign this section. If this cannot be done you must send a copy of the licence agreement or other written proof of the transaction.

Signature

| |
|--|
| |
|--|

Name

(BLOCK CAPITALS)

| |
|--|
| |
|--|

Interest in trade mark(s).

Indicate as appropriate.

| | |
|--|---------------------------------------|
| | Recorded owner |
| | Recorded representative for the owner |

Date

| |
|--|
| |
|--|

Licence agreement or other written proof of the transaction.

Tick if attached

| |
|--|
| |
|--|

9. Full name:

Person making this request

| |
|--|
| |
|--|

Address

Complete if different to section 3

| | |
|----------|--|
| | |
| | |
| | |
| Postcode | |

Interest in trade mark(s).

Tick one of the options.

| | |
|--|---------------------------------------|
| | Recorded owner |
| | Recorded representative for the owner |
| | Licensee |
| | Other (<i>Please specify</i>) |

10. Other register changes.

If you are filing any other form to change the register details of the trade mark(s) listed, enter details here. If not enough space use a continuation sheet.

Note: to help us process a multiple request, please provide the same reference on all your forms in the 'Your Reference' box on the last page of the forms.

| | |
|----------|-------------------|
| Form No: | Trade Mark No(s): |
| | |
| | |

Number of sheets attached

11. 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

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

[illegible]