



Form TM 13

Authorization of Agent

Fee: \$68 for first Trade Mark and \$38 for each additional mark

I/We

Full Name

Full Address

Postcode	

Email address

Company Registration Number

Complete if the applicant is a company or LLP incorporated in Bermuda

Country of Incorporation

If registered in USA also enter the "State" e.g. "Delaware"

Have appointed the party named below to act as our agent

Full Name

Full Address

The address must be within Bermuda

Postcode	

Email address

Scope of Authority:

If this form is not being submitted with a Form TM 3, and is intended to apply to pending applications or registered marks, please enter the relevant trademark numbers.

Trade Mark numbers:

Is this form being submitted with a Form TM 3?

☐ Yes ☐ No

All Trade Mark matters**Specific Trade Mark matters**

Please state below

I/We authorize the said authority named above to request entry of an address for service as part of any registration obtained under the above authorization and that they be recognized as our authorized Agents in all proceedings incident hereto.

I/We request that all notices, requisitions and communications relating thereto may be sent to such agent at the above address.

I/We hereby revoke all previous authorizations, if any, in respect of the same matters or proceedings.

Signature

Name

(BLOCK CAPITALS)

Date