



Form TM 14

Request for an Extension of Time

**Fee: \$38.00 per two month period, or part thereof before expiry of period
\$105.00 per two month period, or part thereof after expiry of period**

Use **this form** to extend a time period for the following:

1. Extension of time for Responses to Active Cases.
2. Extension of time during Opposition Proceedings.
3. Extension of time during International Registration.

1. Trade Mark Number(s)

If the time period concerns an International Registration, help us identify the correct case by adding "IR".

2. Opposition/Cancellation number

If the time period concerns opposition or cancellation proceedings, enter the opposition or cancellation **number in the relevant field**, otherwise leave blank.

Opposition number

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Cancellation number

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3. Full name of owner

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Address

Postcode	

4. Full name of Agent

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Address

Address must be in Bermuda

Postcode	

Upload/Attach Authorization of Agent

5. Existing deadline

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6. How much more time do you want from the expiry date stated above?

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7. Why do you want more time?

Tick one of the options and provide an explanation

	Pre-registration (Response to Active Case Matters)
	Opposition Proceedings
	International Registration

Number of continuation sheets attached

8. Signature

Name
(BLOCK CAPITALS)

Date

9. 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

Number of sheets attached to this form

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)