

Form TM 16

Application to Transform a Madrid Protocol Designation

Fee: \$269.00

Use this form to transform your Madrid Protocol Designation to a Bermuda Trade Mark application.

	•	C	**
1.	Full name		
_,	Applicant registration.		
	111		
	Owner type		
	Owner type Specify whether Person, Company/LLP, Partnership, Trust or Other.		
	specify whenter reason, company, 221, randomp, radio of called		
	Address		
		Postcode	
	Email address		
	Company registration number		
	Complete if the applicant is a company or LLP incorporated in Bermuda.		
	Bermuda.		
	Country of incorporation		
	If registered in USA also enter 'State' e.g. 'Delaware'.		
_	A		
Z.	Agent's Name		
	If you have no representative, go to section 3		
	Address		
		Postcode	
		i .	1

	Email address			
3.	International Registration number Enter number of trade mark to be transformed.			
	International Registration date			
4.	Note: This representation must be identical to the international trade mark. Enter your trade mark in the space provided – use a separate sheet if necessary.			
	Number of continuation sheets attached			
5.	Trade mark classification You need to tell us what goods and services you ar The goods or services that you list must all have be of Bermuda.			

	Class Number	List of goods and services	
	Number of continuation sheets attack	ned	
6.	Cancellation date of the Internation Registration at WIPO: You may apply for transformation not months from the date of cancellation International Registration.	o later than 3	
	Cancellation request submission date: If the cancellation has not been completed by WIPO, you must state the date that the Office of Origin submitted the cancellation request to WIPO and attach a copy of that Cancellation request to WIPO and attach a copy of that ancellation request.		
	Tick if copy of cancellation reques	t is attached	
7.	Signature		
	Name (BLOCK CAPITALS)		
	Date		
8.	Your reference Complete if you would like us to que communications with you, otherwis blank.		

Your Contact details should we have a query						
Name	•					
Email	ı					
Phone	e [
Check Please	klist e make sure you have remembered t	o:				
□ P ₁	rovide the trade mark number(s)					
□ Si	gn and date the form					
Email	l submissions with direct deposits to	: Post form	ns with cheques only to:			
rginte	ellectualproperty@gov.bm	Intellectual Property Office % Registry General Government Administration Building, 4 th Floor 30 Parliament Street Hamilton HM 12 Bermuda				
Fees	and Payment Method					
We w	vill only process the form with this	section completed (one	e form per payment)			
Total fee paying (\$)						
Your	payment reference					
	Payments by cheque, cash, debit 3:15PM.	or credit cards or revenu	e stamps can be made in office by			
	Cheque – make payable to 'Acco	ountant General'				
	Bank Transfer / Direct Deposit					
	Beneficiary Bank: Bermuda Beneficiary Name: HSBC Bank of Bermuda Limited, 37 Front Street, Hamilton 11, GOVERNMENT OF BERMUDA – Registry General					
	Beneficiary Account Number: Beneficiary Account Number:	010-125250-001 010-125250-501	Bermuda Dollar Account US Dollar Account			
	Reference – Trade Mark name or	r number(s) or your nam	e and reference number(s)			