



## Form TM 2

### Amendment to Trade Mark Application

**Fee: \$68.00 (per trade mark) plus \$38.00 for each additional mark in series**

**\$68.00 for amendment of class (fee per class)**

Use **this form** to request an amendment to an application for registration of a trade mark (before or after publication).

**1. Full Name of Owner (as filed)**

**2. Full Address (as filed)**

Postcode	

**3. Full Name of Agent**

**4. Full Address**

Postcode	

**Email address**

**Telephone**

**5. Interest in the Trade Mark – Tick one of the options**

- ☐ Recorded owner
- ☐ Recorded representative for the Owner
- ☐ Other (please specify)

**6. Please indicate clearly the amendment to the application as provided below, if applicable. Use a continuation sheet if necessary.**

**Trade Mark Application No:**

- ☐ Amend representation of mark \_\_\_\_\_
- ☐ Delete class No. \_\_\_\_\_
- ☐ Add class No. \_\_\_\_\_
- ☐ Amend class No. \_\_\_\_\_ (please state below the list of goods and/or services as amended)

Upload or attach new mark

**Trade Mark Application No:**

- ☐ Amend representation of mark \_\_\_\_\_
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***Details to be amended or corrected:***

Upload or attach new mark

Number of continuation sheets attached

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**7. Signature****Name**

(BLOCK CAPITALS)

**Date**

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**8. 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

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**9. 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](mailto:rgintellectualproperty@gov.bm)

Post forms with cheques only to:

Intellectual Property Office  
% Registry General  
Government Administration Building, 4<sup>th</sup> 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**

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