



Form TM 6

Application to Merge Registrations

Fee: \$68.00 for the first Trade Mark

\$38.00 for each additional Trade Mark or each additional class

Use this form to merge registered trade marks that have the same owner, filing date and are for identical marks and are the same type of trade mark.

1. Merger admissibility checklist

Before completing this form, please answer all the following questions.

Are all the trade marks registered?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No – We cannot merge the trade marks.

Are the marks identical?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No – We cannot merge the trade marks.

Do they have the same filing date?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No – We cannot merge the trade marks.

Are they all the same type of trade mark?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No – We cannot merge the trade marks.

Are there any cancellation proceedings against any of the trade marks?

<input type="checkbox"/>	Yes – We cannot merge the trade marks.
<input type="checkbox"/>	No

Are any of the trade marks 'base trade marks' for an International Application that are within the 5-year dependency period?

<input type="checkbox"/>	Yes – We cannot merge the trade marks.
<input type="checkbox"/>	No

2. Trade Mark numbers

(If not enough space, use a continuation sheet and attach.)

3. Full Name of owner as currently recorded on the Register

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4. Full Name of Agent

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Full Address

The address provided in this section must be within Bermuda.

Postcode	

Email address

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Telephone Number

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5. Trade Mark numbers

Please choose one of the options.

	Recorded Owner
	Recorded Representative for the Owner
	Other <i>(Please specify)</i>

6. Signature**Name**

(BLOCK CAPITALS)

Date

7. Other register changes – If you are filing any other forms to change the register details of the trade mark(s) listed, enter details here. (If not enough space, use a continuation sheet and attach.)

Note: to help us process a multiple request, please

Form No.	Trade Mark No(s)

provide the same reference on all your forms in the “your reference” box on the last page of the forms.

Number of sheets attached to this form

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)

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