

Form TM 6A

Application to Record a Merger

Fee: \$68.00 for the first Trade Mark \$38.00 for each additional Trade Mark

1. Trade Mark Numbers	
☐ Tick if continuation page is attached	
If this transfer includes certification trade marks, please tick this box	i. 🗆
Note: Certification trade marks are used to indicate that goods or serve marks are not certification trade marks. We may request that you file proprietor of a certification mark.	-
2. Full Name of Trade Mark owner as	
currently recorded on the register	
Full Address	
	Postcode
Email address	
3. Full Name of new owner	
3. Fun Name of new owner	
Full Address	
If address is not within Bermuda you must also complete section 4	
	Postcode

Email address				
Owner's Type — specify whether Company, LLP, Partnership, Trust or Other				
Company Registration Number Complete if the application is a company or LLP incorporated in Bermuda				
Country of incorporation If registered in USA also enter the 'State' e.g. 'Delaware'.				
Upload/ Attach Merger documents				
4. Full Name of Agent				
Full Address The address provided in this section must be within Bermuda				
	Postcode			
Email address				
Telephone Number				
5. Effective date of merger				
6. Authorization to change register Note: Both parties, or their representatives, must sign this form. If this cannot be done, then supporting documentary evidence must be provided. Signature (Old owner)				
Name (BLOCK CAPITALS)	014 0			
Interest in trade mark(s) (indicate as appropriate)	Old Owner			

	Old Owner's recorded representative		
Signature (New owner)			
Name (BLOCK CAPITALS)			
Interest in trade mark(s) (indicate as appropriate)	New Owner		
	New Owner'	s Representative	
7. Other register changes – If you are filing any	Form No.	Trade Mark No(s)	
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 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 s	submissions with direct depo	osits to:		Post forms with cheques only to:
rgintell	ectualproperty@gov.bm			Intellectual Property Office % Registry General Government Administration Building, 4 th Floor 30 Parliament Street Hamilton HM 12 Bermuda
Fees ar	nd Payment Method			
We wil	l only process the form wit	th this section comple	eted (on	e form per payment)
Total fo	ee paying (\$)			
Your p	ayment reference			
	Payments by cheque, cash, Cheque – make payable to			ne stamps can be made in office by 3:15PM.
_	Bank Transfer / Direct Deposit			
_	Beneficiary Bank: Beneficiary Name: HSBC Bank of Bermuda Limited, 37 Front Street, Hamilton 11, Bermuda GOVERNMENT OF BERMUDA – Registry General			
	Beneficiary Account Numb Beneficiary Account Numb			Bermuda Dollar Account US Dollar Account
	Reference – Trade Mark name or number(s) or your name and reference number(s)			

CONTINUATION PAGE

Trade Mark Number	Trade Mark Number	Trade Mark Number