Form TM 8

Change of Name or Address of Owner or Registered User (includes any Licensee)

Fee: \$68.00 for the first Trade Mark \$38.00 for each additional mark 1. **Trade Mark Numbers** ☐ Tick if any certification or collective marks are included ☐ Tick if continuation page is attached **Full Name of Recorded Owner** 2. As currently on our register **Full Address of Recorded Owner** As currently on our register Postcode Upload 3. Change(s) to be made Owner's Name Check all that apply Documents (Optional) Upload Owner's Address Documents (Optional) Upload Registered User's Name Documents (Optional) Upload Registered User's Address Documents (Optional) Recorded Owner 4. Interest in the Trade Mark Please check one Recorded Representative for the Owner Registered User

Other (please specify)

5. New Name (if applicable)			
New Address details (if applicable)			
	Postcode		
Email address			
6. Declaration	I declare there has been no change in the ownership of the trade mark(s), and that I have the authority to request this change.		
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.)	Form No.	Trade Mark N	o(s)
Note: To help us process multiple requests, please provid box on the last page of the forms.	e the same ref	Perence on all your for	rms in the "your reference"
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				
		L		
Check Please	klist make sure you have remembered to:			
□ Pro	ovide the trade mark number(s)			
□ Sig	gn and date the form			
Email	submissions with direct deposits to:		Post forms with cheques only to:	
	and Payment Method		Intellectual Property Office % Registry General Government Administration Building, 4 th Floor 30 Parliament Street Hamilton HM 12 Bermuda	
	ill only process the form with this section	completed (o	ne form per payment)	
	fee paying (\$)			
	ment reference			
	Payments by cheque, cash, debit or credit Cheque – make payable to 'Accountant Co		nue stamps can be made in office by 3:15PM.	
	Bank Transfer / Direct Deposit			
	•	-125250-001 -125250-501	Bermuda Dollar Account US Dollar Account	
	Reference – Trade Mark name or number	(s) or your na	me and reference number(s)	

CONTINUATION PAGE

Trade Mark Number	Trade Mark Number	Trade Mark Number