



# Form TM 2

## Amendment to Trade Mark Application

Fee: \$68.00 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)
- Amend name or address of Owner

***Details to be amended or corrected:***

Upload or attach new mark

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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

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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

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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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