

FIRST SCHEDULE

(Section 105)

FORM 17

*Application for Rectification of the Register*

Please read the notes on the back of this form before completing

1. Your reference: \_\_\_\_\_
2. Patent/utility model/ design registration number(s): \_\_\_\_\_
3. Full name, address, email address, nationality and TRN (where applicable) of applicant(s): \_\_\_\_\_
4. Entry in or omission from Register to be rectified: \_\_\_\_\_
5. Details of rectification requested: \_\_\_\_\_
6. Name of agent (if applicable): \_\_\_\_\_
7. Address including email address for service of applicant (if different from 3 above): \_\_\_\_\_
8. \_\_\_\_\_

\_\_\_\_\_  
Signature(s):

\_\_\_\_\_  
Date:

9. Name, email address, telephone, fax and or mobile number, if any, of a contact point for the applicant: \_\_\_\_\_

Notes

- A. If you need help in filling out this form or have any questions, please contact the Office at (876) 946-1300 or send an email to [info@jipo.gov.jm](mailto:info@jipo.gov.jm).
- B. You may either type or write your answers in capital letters using black ink.
- C. Once you have filled out this form, please remember to sign and date it.
- D. You shall use a separate form for each application unless the same request is involved in each.
- E. If there is not enough space for all the relevant details on any part of this form, please continue on a separate sheet of paper and write "see continuation sheet", in the relevant part(s) of the form.
- F. For details of fees and methods of payment, please contact the Office.