



Form TM17

THE TRADE MARKS REGISTRY

**Application to intervene in a
proceedings for Revocation or
Rectification of a Registration**

**Trade Marks Registry
4th Floor, PCJ Building
36 Trafalgar Road
Kingston 10**

1. Your reference

2.	Give details of the Registration this will affect	Number	Class (Lowest)	Revocation number (if applicable)
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3. Full name, address and
postcode of applicant
for intervention

4. Full name, address and postcode of
applicant for intervention

6. Name of Agent (if applicable)

"Address for Service' in Jamaica to
which all correspondence should be
sent in respect of the merged Application
or Registration (see note f)

Signature

Name (*block capitals*)

Date

Name and daytime telephone number
of person to contact

State number of any sheets attached to
this form

Form TM17

Reminder

*Have you attached?
the grounds for your application to intervene?*

Notes

- a) These notes will help you fill in this form. If you need any more help or you may have any questions, please contact the Trade Marks Registry.*
- b) Write your answers in capital letters using black ink or you may type them.*
- c) If there is not enough space for your answer to any section of this form, use separate sheets. Number each one and write on the form how many extra sheets you have used.*
- d) Once you have filled in the form you must remember to sign and date it. For details of fees and ways to pay, please contact the Trade Marks Registry.*
- e) This form is used if you have cause to intervene in proceedings for the revocation or rectification of the registration of a Trade Mark*
- f) If your address is different from your agent, then please give us details of both.*