



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

| | |
|--|--|
| | |
| | |
| | |

2. Full Name of Recorded Owner

As currently on our register

Full Address of Recorded Owner

As currently on our register

| | |
|----------|--|
| | |
| | |
| | |
| | |
| Postcode | |

3. Change(s) to be made

Check all that apply

| | | |
|--------------------------|---------------------------|-----------------------------|
| <input type="checkbox"/> | Owner's Name → | Upload Documents (Optional) |
| <input type="checkbox"/> | Owner's Address → | Upload Documents (Optional) |
| <input type="checkbox"/> | Registered User's Name | Upload Documents (Optional) |
| <input type="checkbox"/> | Registered User's Address | Upload Documents (Optional) |

4. Interest in the Trade Mark

Please check one

| | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Recorded Owner |
| <input type="checkbox"/> | Recorded Representative for the Owner |
| <input type="checkbox"/> | Registered User |

5. New Name (if applicable)

New Address details (if applicable)

| | |
|----------|--|
| | |
| | |
| | |
| | |
| Postcode | |

Email address

6. Declaration (check all that apply)

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.

If the Recorded Owner's name is being changed, I declare that the change in Owner's name requested above does not reflect a 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 No(s) |
|----------|------------------|
| | |
| | |

Note: To help us process multiple requests, 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 submissions with direct deposits to:

rgintellectualproperty@gov.bm

Post forms with cheques only to:

Intellectual Property Office
% Registry General
Government Administration Building, 4th 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)

