**FORM TM-G**

**The Trade Marks Act, 1999**

**Trade Marks Agent Registration/Renewal/Restoration/Alteration**

*[The relevant information must be filled up in colored box against the respective head]*

**PART A**

**[applicants details]**

**FEE** (See First Schedule for Appropriate Fee)

**Name in full beginning with surname** (in capital letters)\*

**Father’s /Husband’s Name\***

**Address of residence\***

(State) (Country) **Principle place of business\***

(State) (Country) **Nationality\***

**Mobile No\*:**

**E-mail address:\***

**PART B:**

**PURPOSE OF REQUEST**

**[*appropriate column required to be ticked and filled accordingly*]**

**a Application for Registration as Trademark Agent**

Date of Place of Birth

Occupation in full

Particulars of qualification for registration as a trade mark agent

Whether at any time removed from the Register of Trade Marks

Agents and if so the details thereof

**b Application for continuation/restoration of the name of a person in the Register of Trade Marks Agents** Trade Mark Agent No.

Name:

address

Mobile No :

E-mail address:

**i Period for Continuation:** From\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ **ii Date of expiration of last registration:**

**Years after which request for restoration and continuation is**

**filed**

**c**

**Application for alteration in the Register of Trade Marks Agents**

Trade Mark Agent No.:

Name:

**Details to be altered in and as**

Name:

Address of place of residence

Address of principle place of business

Educational Qualification

Mobile No:

E-mail address:

**PART C**

**[details of the person making application/request and details of document is submitted] Signature**

**Name**

**Authority**

**List of documents attached**