

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