



Form TM2

THE TRADE MARKS REGISTRY

Application for Additional Classes

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

1. Your reference

2. Give details of the Application to which this request relates

	Number	(Lowest) Class
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3. List the Additional Classes to be added to the original Application

4. Specification of Goods/Services for the Additional Classes

List the Classes in consecutive numerical order and list alongside each Class the Goods or Services appropriate to that Class

Class Number	List of Goods/Services

Trade Marks Act 1999

5. Full name address and postcode of
The Applicant

Trade Mark number
(if you know it)

6. Name of Agent (*if appropriate*)

'Address for Service' in Jamaica
To which all correspondence should
be sent
(*See note e*)

Signature

Name (*block capitals*)

Date

Name and daytime telephone number of
person to contact

State number of any sheets attached to
this form

Notes

- a) *These notes will help you fill in this form. If you need any more help or you 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) *If your address for service is different from your agent, then please give us full details of both.*