



FORM TM22 - B
APPLICATION FOR APPROVAL AS TRADE MARK AGENT
(COMPANIES/ PARTNERSHIPS)

1. Details of Applicant

Name of entity:

Address
for Service:

Certificate/Licence No. of applicant:

(if regulated by the Financial Services Commission)

2. Contact Person(s) (if applicable)

Please provide details of the individual who should be contacted in relation to this application:

Name:

Position:

Telephone:

Fax:

E-mail:

3. Details of an individual within the company/partnership who is knowledgeable in trade mark law:

Title:

Surname:

First Name:

Middle Name(s):

Date of Birth:

Place of Birth:

Nationality:

mm/dd/yyyy

Passport No.:

Social Security No.:

Other Identification No. *(Please specify)*:

Previous Name(s) *(if any)*:

Date of Name Change:

mm/dd/yyyy

Reason for change:

Current address:

Length of time resident at current address:

Date first resided:

*mm/dd/yyyy*Previous address(es):
(within last 10 yrs)

Resided from

until

4. Relationship Between Applicant and Individual

What is the nature of the arrangement between the applicant and the individual identified as knowledgeable in trade mark law:

Employee: FT/PT

Group Employee:

Name of Group:

Contract for services:

Partner/Sole Trader:

Other:

If you checked "Other", or if the individual will be employed on a part-time basis, please provide details of terms of employment:

5. Relationship with other Entities

Is the individual a director of any other entity? Yes No

If Yes, please specify:

- a) the number of directorships held in relation to any regulated entities:
- b) the name of each regulated entity and the name and address of the regulatory authority under which each entity is licensed:

Name of Regulated Entity	Name of Regulatory Authority	Address of Regulatory Authority
<input type="text"/>	<input type="text"/>	<input type="text"/>

c) the number of directorships held in non-regulated entities:

d) the total number of directorships held (*includes non-regulated entities*):

6. Education

Name of Institution(s) attended Received	Degree/Diploma/Other Qualification	Date of Completion
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Individual's Membership in Professional Bodies

Organisation/Association	Membership Status (<i>e.g. Student, Associate, Fellow, etc.</i>)	Member Since	Membership Number (<i>if applicable</i>)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Experience (Employment History for past seven years including current position if currently employed) (If there is relevant employment history spanning beyond seven years, that may be included)

(a) Position held:	<input type="text"/>	Period:	<input type="text"/>
Name of Employer:	<input type="text"/>	Nature of Business:	<input type="text"/>
Supervisor/Contact Person:	<input type="text"/>	Name of Regulator(s) (if any):	<input type="text"/>
Address:	<input type="text"/>	Outline responsibilities held:	<input type="text"/>
Tel:	<input type="text"/>	Fax:	<input type="text"/>
		E-mail:	<input type="text"/>

Reason for leaving:

Resignation	<input type="checkbox"/>	Expiration of Contract	<input type="checkbox"/>	Redundancy	<input type="checkbox"/>
Retirement	<input type="checkbox"/>	Termination/Dismissal	<input type="checkbox"/>	Other	<input type="checkbox"/>

If "Other", please specify:

If "Termination/Dismissal", please state the reason(s) for the termination or dismissal:

(b) Position held:	<input type="text"/>	Period:	<input type="text"/>
Name of Employer:	<input type="text"/>	Nature of Business:	<input type="text"/>
Supervisor/Contact Person:	<input type="text"/>	Name of Regulator(s) (if any):	<input type="text"/>
Address:	<input type="text"/>	Outline responsibilities held:	<input type="text"/>
Tel:	<input type="text"/>	Fax:	<input type="text"/>
		E-mail:	<input type="text"/>

Reason for leaving:

Resignation	<input type="checkbox"/>	Expiration of Contract	<input type="checkbox"/>	Redundancy	<input type="checkbox"/>
Retirement	<input type="checkbox"/>	Termination/Dismissal	<input type="checkbox"/>	Other	<input type="checkbox"/>

If "Other", please specify:

If "Termination/Dismissal", please state the reason(s) for the termination or dismissal:

(c) Position held: Period:

Name of Employer: Nature of Business:

Supervisor/Contact Person: Name of Regulator(s) (if any):

Address: Outline responsibilities held:

Tel: Fax: E-mail:

Reason for leaving: Resignation Expiration of Contract Redundancy

 Retirement Termination/Dismissal Other

If "Other", please specify:

If "Termination/Dismissal", please state the reason(s) for the termination or dismissal:

9. Fitness and Propriety (To be completed by the individual identified as knowledgeable in trade mark law)

If you answer YES to any of the questions below you must supply full details by way of a written attachment to the application:

	Yes	No
Has an application for your regulatory approval ever been refused?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been asked to resign, or been dismissed from any fiduciary position of trust?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been refused, restricted in, or had suspended, the right to carry on a trade, business or profession for which a specific licence, authorisation, registration, membership or other permission is required?	<input type="checkbox"/>	<input type="checkbox"/>

Have you at any time been convicted of any criminal offence by any court in the Virgin Islands or elsewhere?

Are you currently the subject of a criminal investigation or an extradition request?

Have you been found guilty of conducting any unauthorised regulated activity or been investigated for possible conduct of unauthorised regulated activity?

Have you, in the last ten years, been censured or disciplined by any professional body to which you belong or belonged, or been dismissed from office or employment or refused entry to any profession or occupation in the Virgin Islands or elsewhere?

Have you, in the last ten years, filed for bankruptcy or been adjudicated bankrupt by a court in the Virgin Islands or elsewhere?

Have you at any time failed to satisfy any debt due and payable to you as a judgment-debtor under an order of a court in the Virgin Islands or elsewhere?

Have you in the last ten years been found liable in a civil suit which elicited dishonest or unlawful conduct on your part?

Have you, in connection with the formation, control or management of any corporate, partnership or unincorporated institution within the last ten years been adjudged by a court in any jurisdiction civilly liable for any fraud, malfeasance or other misconduct by you towards such a body or company, or towards any members thereof?

Has any body corporate, partnership or unincorporated institution with which you were associated as a director, shareholder or controller, anywhere, been compulsorily wound up or made any compromise or arrangement with its creditors where they did not receive or have not yet received full settlement of their claims, either while you were associated with it or within one year after you ceased to be associated with it?

Has any body corporate, partnership or unincorporated institution with which you were associated as a director, shareholder or controller, anywhere, been fined or censured by any securities commission, banking commission or any similar regulatory commission or body?

10. Declaration by the Individual Identified as Knowledgeable in Trade Mark Law

I, [REDACTED], do hereby declare that the personal information provided in this application is true and accurate and that all documents submitted with this application in respect thereof are authentic. I understand that providing false or misleading information in respect of this application may cause the Commission to deny the application and any subsequent applications which may be submitted on my behalf.

Signed by: [REDACTED]

Name (Print): [REDACTED]

Date: [REDACTED]

*mm/dd/yyyy***11. Declaration by the Applicant**

I, [REDACTED] do hereby declare, on behalf of [REDACTED] (*name of entity*) that the information provided in this application is, to our knowledge and belief, true and accurate and that all documents submitted with this application with respect to the applicant have been verified as authentic. I understand that providing false or misleading information in respect of this application may cause the Commission to deny the application and any subsequent applications which may be submitted on behalf of this applicant, and may cause enforcement action to be taken against us.

Signed by: [REDACTED]

Name (Print): [REDACTED]

On behalf of: [REDACTED]

Date: [REDACTED]

mm/dd/yyyy

