

**VIRGIN ISLANDS**  
**TRADE MARKS (AMENDMENT) RULES, 2015**

**ARRANGEMENT OF RULES**

*Rule*

1. Citation and commencement.
2. Schedule amended.

**VIRGIN ISLANDS**  
**STATUTORY INSTRUMENT 2015 NO. 66**

**TRADE MARKS ACT, 2013**  
**(No. 9 of 2013)**

**Trade Marks (Amendment) Rules, 2015**

[Gazetted 28<sup>th</sup> August, 2015]

The Cabinet acting in accordance with the advice of the Financial Services Commission pursuant to section 134 of the Trade Marks Act, 2013 (No. 9 of 2013), makes these Rules:

**Citation and commencement**

1. These Rules may be cited as the Trade Marks (Amendment) Rules, 2015 and shall come into force on the date the Trade Marks Act, 2013 is brought into force.

**Schedule amended**

2. The Schedule of the Trade Marks Rules, 2015 is amended by repealing Form TM22 and substituting the following Forms –

**“FORMS TM22-A and TM22-B**

[Rule 105 (1)]

**APPLICATION FOR APPROVAL AS REGISTERED TRADE MARK AGENT**

**To the Financial Services Commission**

**Notes to person filling Form TM22-A or TM22-B**

*There are two Forms in relation to an application for registration as a trade mark agent. The first (Form TM22-A) relates to an individual who wishes to apply in his or her personal capacity to be approved as a registered trade mark agent. The second (Form TM22-B) relates to a company or partnership that wishes to apply for approval as a registered trade mark agent. It is important, therefore, that an applicant determines,*

*before filling either Form, in what capacity it wishes to submit an application – that is, either as an individual, or as a company or partnership – and thus ensure that the right Form is filled.*

*Where an applicant is a company or partnership, it must identify and provide in Form TM22-B the name of one individual within the company or partnership who has an appreciable knowledge of trade mark law. The identified individual must fill in the parts of the Form relative to him or her and make the appropriate declaration (in addition to the declaration by the company or partnership).*

*Before filling this Form, please ensure that you have read and understood the requirements and functions relative to the office of a registered trade mark agent. Your application will be assessed against the requirements outlined in sections 33 – 35 of the Trade Marks Act, 2013.*

*The fitness and propriety of an applicant will be assessed against the provisions of Schedule 1A of the Regulatory Code, 2009. A copy of the Code may be accessed on the Internet site of the Financial Services Commission at [www.bvifsc.vg](http://www.bvifsc.vg).*

*The question regarding whether an applicant has an appreciable knowledge of trade mark law or is competent to perform the duties of a trade mark agent is a matter to be determined by the Financial Services Commission at its sole discretion.*

*It is important that you provide an address for service and, in that respect you must have regard to rule 97 of the Trade Marks Rules, 2015. The address for service must be a physical address and only such address will be accepted. Similarly, the applicant filing either Form TM22-A or Form TM22-B must provide a physical address in the BVI.*

*Unless the filing of either Form is required by electronic means (if and when permitted), you may use additional sheet of paper to provide such additional information as may be required. If you use additional sheet of paper, you must number each additional sheet sequentially and indicate the number of additional sheets used. Other accompanying documents, such as certificates of qualification, must be similarly numbered.*

**FORM TM22-A**  
**APPLICATION FOR APPROVAL AS TRADE MARK AGENT**  
***Individual***

**1. Applicant's Details**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_  
*mm/dd/yyyy*

Address

For service: \_\_\_\_\_

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: \_\_\_\_\_

**2. Is the applicant currently approved/or was approved by the Commission in any position**

Yes *Title* \_\_\_\_\_

No

Date of Approval \_\_\_\_\_  
*mm/dd/yyyy*

**3. Education**

| Name of institution(s) attended | Degree/Diploma/Other Qualification Received | Date of Completion |
|---------------------------------|---|--------------------|
| _____                           | _____                                       | _____              |
| _____                           | _____                                       | _____              |

**4. Membership in Professional Bodies**

| Organisation/Association | Membership Status (e.g. Student, Associate, Fellow, etc.) | Member Since | Membership Number (if applicable) |
|--------------------------|---|--------------|-----------------------------------|
| _____                    | _____   | _____        | _____                             |
| _____                    | _____   | _____        | _____                             |
| _____                    | _____   | _____        | _____                             |

**5. 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: \_\_\_\_\_ 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(b) 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Fitness and Propriety**

**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?

Have you ever been asked to resign, or been dismissed from any fiduciary position of trust?

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?

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 anybody 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?

**7. Declaration by Applicant**

I, \_\_\_\_\_, 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: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_  
mm/dd/yyyy

**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): \_\_\_\_\_ Resided from \_\_\_\_\_ until \_\_\_\_\_  
 (within last 10 yrs) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 |
|--------------------------|------------------------------|---------------------------------|
| _____                    | _____                        | _____                           |
| _____                    | _____                        | _____                           |
| _____                    | _____                        | _____                           |
| _____                    | _____                        | _____                           |

- 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 | Degree/Diploma/Other Qualification Received | Date of Completion |
|---------------------------------|---|--------------------|
| _____                           | _____                                       | _____              |
| _____                           | _____                                       | _____              |

**7. Individual's Membership in Professional Bodies**

| Organisation/Association | Membership Status<br>(e.g. Student, Associate,<br>Fellow, etc.) | Member Since | Membership Number<br>(if applicable) |
|--------------------------|---|--------------|--------------------------------------|
| _____                    | _____   | _____        | _____                                |
| _____                    | _____   | _____        | _____                                |
| _____                    | _____   | _____        | _____                                |

**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: \_\_\_\_\_ 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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?

Have you ever been asked to resign, or been dismissed from any fiduciary position of trust?

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?

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 anybody 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, \_\_\_\_\_, 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: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Date: \_\_\_\_\_  
mm/dd/yyyy

**11. Declaration by Applicant**

I, \_\_\_\_\_, do hereby declare, on behalf of \_\_\_\_\_ (*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: \_\_\_\_\_

Name (Print): \_\_\_\_\_

On behalf of: \_\_\_\_\_

Date: \_\_\_\_\_  
mm/dd/yyyy

Made by Cabinet this 28th day of August, 2015.

(Sgd.) Sandra Ward,  
Cabinet Secretary.