FORM TM-R
The Trade Marks Act, 1999
Application for Renewal/Restoration of registration of a trademark
or for payment of surcharge towards the renewal

[The relevant information must be filled up in colored box against the respective head]			
1	**APPLICANT**		
	[The Applicant here means the person on whose behalf the request is being submitted. He will ordinarily be the registered proprietor of the mark]		
	FEE:	(See First Schedule for Appropriate Fee) As per requirement mentioned in column 6	
	Name: *		
	Trading as		
	Address:*		
		(State) (Country)	
	Address for service:		
		(State) (Country)	
	Mobile No.:		
	E-mail address*:		
	[(a) Unless otherwise specifically stated, the applicant's address shall be the address for service of the applicant who has principal place of business in India.		
	(b) The address for service in India must be provided, in case the applicant does not carry business in India]		
	Mobile No :		
	E-mail address: *		
2	**APPLICANT'S AGENT (if any)**		
	Name*:		
	Address*:		
	Mobile No* :		
	E-mail address*:		
	Nature of the Agent*		
	[The applicant must choose either of the following categories-		
	1. Registered Trade Marks Agent 2. Advocate 3. Constituted Attorney]		
	Registration No.:		
	[In case of authorisation of agent, the address of the agent may be mentioned as the applicant's address for service]		
3	**TRADE MARK TYPE:**		
	[(a) one of the following categories must be chosen-		
	1. Standard trademark, 2. Collective Mark, 3. Certification Mark, 4. Series Marks		
	(b) 'Standard mark' here refers to registration of a normal trademark not being Collective or Certification trademarks or Series of marks]		
4	**Trade Mark No:**		
5	**Class(es)**		
	(In case of multiclass number of classes to be mentioned)		
6	**Payment for (Select from below)**		
	Renewal before expiry of last registration of trade mark		
	Renewal if filed within 6 months after expiry of last registration.		
	Restoration and renewal of registration of the trade mark removed from the register		
7	**DETAIL OF THE PERSON SUBMITTING THE APPLICATION**		
	Signature:		
	Name:		
	Authority:		
8	**List of Documents attached:**		