



**II. Indication information**

Does the Geographical indication contain a word or words without any particular form or presentation	<input type="checkbox"/> (yes)
Is colour claimed as an element of the Geographical indication	<input type="checkbox"/> (yes)
If “yes” state which colour(s):	
Is the application for registration of a three-dimensional Geographical indication <i>(ensure that the representation illustrates it clearly)</i>	<input type="checkbox"/> (yes)
Is the registration for a collective Geographical indication <i>(provide a copy of the regulations for its use in accordance with the law)</i>	<input type="checkbox"/> (yes)

**III. Applicant information** *(Please cross out the type of applicant and fill in the required information accordingly)*

**Natural person**

ID document (ID card or passport):	<input type="text"/>
ID document number:	<input type="text"/>
Country:	<input type="text"/>
First name:	<input type="text"/>
Middle name:	<input type="text"/>
Last name:	<input type="text"/>

**Organization**

Company code/Enterprise code:	<input type="text"/>
OR	
Registration number:	<input type="text"/>
Registered Name:	<input type="text"/>

**Address** *(Residence address if Person OR Head office address if Organization/ Foreigners fill in only Phone-Email-Country-Province/City)*

Phone:	<input type="text"/>	Sector:	<input type="text"/>
Email:	<input type="text"/>	Cell:	<input type="text"/>
Country:	<input type="text"/>	Street name and house number:	<input type="text"/>
Province:	<input type="text"/>	P. O. Box:	<input type="text"/>
District:	<input type="text"/>		



**Representative of owner**

ID document (ID card or passport):	First Name:
[Grid]	[Grid]
ID document number:	Middle Name:
[Grid]	[Grid]
Country:	Last Name:
[Grid]	[Grid]

**Address** (Foreigners fill in only Phone-Email-Country-Province/City)

Phone:	Sector:
[Grid]	[Grid]
Email:	Cell:
[Grid]	[Grid]
Country:	Street name and house number:
[Grid]	[Grid]
Province:	P. O. Box:
[Grid]	[Grid]
District:	
[Grid]	

**V. Attachments**

4 identical copies of the representation of the Geographical indication

Claim of priority

Copy of regulations for a collective Geographical indication

Fee payment receipt slip

Copy of ID document

Power of attorney

Certificate of Registration

Other

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**Signatures**

I hereby certify that the information given to the best of my knowledge is true, complete and all signatures in the attachments are made by the persons stated. I also understand that any false declaration may lead to prosecution.

Date: ..... Applicant's Signature: .....