



APPLICATION FORM FOR AMENDMENT TO GEOGRAPHICAL INDICATIONS

THE INTELLECTUAL PROPERTY LAW N° 31/2009 OF 26/10/2009
ARTICLE 169

*I. Application (Please cross out what this application is for. Registration number is required and you need to fill in **ONLY** the required sections depending on the category of amendment)*

- Change of particulars
- Licence contract
- Removal
- Ex officio decision

Registration number:

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Instructions to the applicant:

Please fill in **ONLY the data that is to be amended.**

III. Former owner information

(Please cross out the type of owner and fill in the required information accordingly if it is different from the applicant. If owners are more than one, please add new page)

Natural person

Organization

ID document (ID card or passport):

 ID document number:

 Country:

 First name:

 Middle name:

 Last name:

Company code/Enterprise code:

 OR
 Registration number:

 Registered Name:

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 former owner

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

Address (Foreigners fill in only Phone-Email-Country-Province/City/ 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"/>	

IV. Current owner information

Current owner is the applicant (Please cross out if current owner is the same as the applicant)

(Please cross out the type of owner and fill in the required information accordingly if it is different from the applicant. If owners are more than one, please add new page)

Natural person

Organization

ID document (ID card or passport):

ID document number:

Country:

First name:

Middle name:

Last name:

Company code/Enterprise code:

OR
 Registration number:

Registered Name:

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 current owner

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

Address (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"/>	

VI. Licence information

Licensee

Licensee is the applicant (Please cross out if licensee is the same as the applicant)

(Please cross out the type of licensee and fill in the required information accordingly if it is different from the applicant. If licensees are more than one, please add new page)

Natural person

Organization

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

Company code/Enterprise code:
[Grid]
OR
Registration number:
[Grid]
Registered Name:
[Grid]

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

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

Representative of licensee

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

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

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

Content of licence contract:

Content of the License contract:

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Licence contract date:

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 (date/month/year)

VII. Attachments

Agreement on transfer of ownership
 Licence Contract
 Fee payment receipt slip
 Copy of ID document
 Power of attorney
 Certificate of registration
 Other;
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.....

Certification and signatures

I/we hereby give my/our consent to:

Date: Owner Licensee Signature.....
(In capital letters)

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: