**INTELLECTUAL PROPERTY LAW N0 31/2009 OF 26/10/2009 :**

**APPLICATION TO AMEND THE PATENT OF INVENTION AND UTILITY MODEL (*Art 37,38)***

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| **To:** **The Office of the Registrar General****Rwanda Development Board (RDB)****Remera, Nyarutarama Road, PO BOX 3269 Kigali, Rwanda** |
| 1.Application for the amendments of: patent of invention  **or** or Utility Model |
| **2.Registration Number: RW/P/………….../.………..** **RW/U/…………./…………..** |
| **3.Particulars** |
| **i.Change of name** | **From**  | **Name**  |  |
| **Address**  |  |
| **To**  | **Name**  |  |
| **Address**  |  |
| **ii.Change of Address** | **From**  | **owner Name**  |  |
| **Address**  |  |
| **To**  | **Owner Name**  |  |
| **Address**  |  |
| **iii.Change of Name & Address** | **From**  | **Name**  |  |
| **Address**  |  |
| **To**  | **Name**  |  |
| **Address**  |  |
| **iv.Merger** | **From**  | **Name**  |  |
| **Address**  |  |
| **To**  | **Name**  |  |
| **Address**  |  |
| **v.Transfer of ownership (assignment)**  | **From Assignor**  | **Name**  |  |
| **Address**  |  |
| **To Assignee**  | **Name**  |  |
| **Address**  |  |
| **vi.Recordal of License** | **From Licensor** | **Name**  |  |
| **Address**  |  |
| **To Licensee**  | **Name**  |  |
| **Address**  |  |

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| **4. Details of the representative of the owner of Patent and Utility Model (Company, NGO, Association, Institution …etc.)**  |
| 1. Full Name
 |  |
| 1. ID/Passport Number
 |  |
| 1. Address
 |  |
| 1. Phone Number
 |  |
| 1. E-mail
 |  |
| **5.Details of the lawyer (agent /attorney) representing the owner of the Patent or Utility model**  |
| 1. Full Name
 |  |
| 1. ii) ID/Passport Number
 |  |
| 1. Address
 |  |
| 1. Phone Number
 |  |
| 1. E-mail
 |  |
| **6.Payment Information**  |
| 1. Bank receipt Number
 |  |
| 1. Date of Payment
 |  |
| 1. Amount paid
 |  |
| **7.Attachments (depending on the category of the amendment)** |
| 1. Notarized Assignment agreement
2. Notarized License contract
3. ID/Passport
4. Company, NGO, Association Certificate
5. Payment receipt
6. Copy of the Patent or Utility Model certificate
7. Power of attorney, where is applicable
 |  |
| ***8.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: ………………………...................................................... |