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

**APPLICATION TO AMEND THE INDUSTRIAL DESIGN (*Art 106)***

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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: Industrial design | | | |
| **2.Registration Number: RW/ID/………….../.………..** | | | |
| **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 industrial design owner (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 industrial design owner** | |
| 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 industrial design 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: ………………………...................................................... | |