THE INTELLECTUAL PROPERTY LAW N0 **31/2009 of 26/10/2009**

**APPLICATION FOR TRADEMARKS REGISTRATION (Article 133 and 147)**

|  |
| --- |
| **Application for Registration of: Trademark**  **Collective Mark**   **Certification mark  3 Dimensional Mark** |
| To: The Office of the Registrar GeneralRemera, Nyarutarama Road, PO BOX 3269: |
| **1.**National Application number (to be filed by the Office): RW/....../......../……..**2**.Priority date (if any): Date:.............................; Country........................................ |
| **3. Representation of the Mark:** Word only /Logo only / Or both *(To be within the space provided and accompanied by 1 identical representations)* | **Word**  | **Logo** |
|  |  |
| **4.** If the mark is or contains a word or words without any particular form of presentation, state “yes” |  |
| **5.** If color is claimed as an element of the mark, state “yes” opposite and specify the color |  |

|  |  |
| --- | --- |
| **6.** If the mark contain an language,expression in other languages or abbreviation , please provide the meaning or translation |  |
| **7.** If the application is for registration of a collective mark, state “yes” and *supply a copy of the regulations governing its use and attach 1 additional reproduction of the mark* |  |
| **8.** If the application is for registration of a Certification mark, state “yes” and *supply a copy of the regulations* *governing its use and attach 1* *additional reproduction of the mark* |  |
| **9**. **List of Goods and/or Services for which the mark is to be registered and their Classes number.** *State below by Class under current International (“Nice”) Classification continuing on separate sheet if necessary* |
| **Class number**, **please use subclasses**   | **Description of Goods and/or services** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **10.** Full name, address, phone number and emails of the mark Owner (**Company, NGO, Association, Institution …etc.**) |  |
|  |
|  |
|  |
| **11.** Full name, address, phone number and emails of the representative |  |
|  |
|  |
|  |
| **12**. full name, address, phone number and emails of the agent **(Lawyer)** representing the onwer(if any ) |  |
|  |
|  |
| **13.** Paymentinformation |  Bank receipt Number |  |
|  Date of Payment |  |
| Amount paid  |  |
| **14.** 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: ………………………................................................ |