**THE INTELLECTUAL PROPERTY LAW N0 055/2024 of 20/06/2024**

**APPLICATION FOR TRADEMARKS REMOVAL ON GROUNDS OF NON-USE: (Art 204)**

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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: Trademark Collective mark  certification mark | | | | | | |
| **2.Registration Number: RW/T/………….../.………..** | | | | | | |
| **3.Particulars** | | | | | | |
| **A. Removal of trade mark on grounds of non-use** | **Applicant details** | **Company Name** |  | | | |
|  | **Address** |  | | | |
| **Tel** |  | | | |
|  | **Mark owner**  **Details** | **Company Name** |  | | | |
| **Address** |  | | | |
| **Tel** |  | | | |
| **B.Volontary Trademak cancellation** | **Mark owner**  **Details** | **Company Name** |  | | | |
| **Address** |  | | | |
| **Tel** |  | | | |
| **4. Details of the representative of applicant (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 applicant** | | | | | | | |
| 1. Full Name | | | |  | | | |
| 1. ii) ID/Passport Number | | | |  | | | |
| 1. Address | | | |  | | | |
| 1. Phone Number | | | |  | | | |
| 1. E-mail | | | |  | | | |
| **6.Attachments (depending on the types of the request)** | | | | | | | |
| 1. Statement of Non-use 2. Original Certificate of Trademark issued | | | | A  B |  | | |
| 1. Company resolution notarized to cancel the mark | | | | B | |  | |
| 1. ID/Passport | | | | A&B | |  | |
| 1. Payment receipt | | | | A | |  | |
| 1. Copy the trademark certificate | | | | A | |  | |
| 1. Power of attorney, where is applicable | | | | A&B | |  | |
| ***7. 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: ………………………...................................................... | | | | | | | |