**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
 | AB |  |
| 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: ………………………...................................................... |