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

**APPLICATION FOR TRADEMARKS REGISTRATION (Article 190)**

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| **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** |
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| **4. Disclaimer**Is the mark containing a disclaimer? **Yes/No**: If “Yes” state elements to be disclaimed  |  |
| **5.** If the mark is or contains a word or words without any particular form of presentation, state “yes” |  |
| **6.** If color is claimed as an element of the mark, state “yes” opposite and specify the color |  |

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| **7.** If the mark contain an language,expression in other languages or abbreviation , please provide the meaning or translation |  |
| **8.** 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* |  |
| **9.** 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*  |  |
| **10**. **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** |
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| **11.** Full name, address, phone number and emails of the mark Owner (**Company, NGO, Association, Institution …etc.**) |  |
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| **12.** Full name, address, phone number and emails of the representative |  |
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| **13**. full name, address, phone number and emails of the agent **(Lawyer)** representing the onwer(if any ) |  |
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| **14.** Paymentinformation |  Bank receipt Number |  |
|  Date of Payment |  |
| Amount paid  |  |
| **15.** 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: ………………………................................................ |