

### **ORG**Office of the Registrar General



# APPLICATION FOR REGISTRATION OF AN INDUSTRIAL DESIGN

THE INTELLECTUAL PROPERTY LAW N° 31/2009 of 26/10/2009 ARTICLE 96

I. Application	
□New application (Fill in all relevant fields)	
Short description of the design	
Short description of the design	
☐ Claim of priority filed outside Rwanda	
Priority date	
(date/month/year)	
Application number (if known)	
Country	

#### $\square$ Natural person **□Organization** ID document (ID card or passport): Company code/Enterprise code: ID document number: OR Registration number: Country: Registered Name: First name: Middle name: Last name: Address (Residence address if Person OR Head office address if Organization/ Foreigners fill in only Phone-Email-Country-Province/City) Phone: Sector: Email: Cell: Country: Street name and house number: Province: P. O. Box: District: Representative of applicant ID document (ID card or passport): First Name: ID document number: Middle Name: Last Name: Country: Address (Foreigners fill in only Phone-Email-Country-Province/City) Phone: Sector: Email: Cell: Street name and house number: Country: Province: P. O. Box: District:

I. Applicant information (Please cross out the type of applicant and fill in the required information accordingly)

#### II. Owner information

 $\square$  **Owner is the applicant** (*Please cross out if owner is the same as applicant*)

(Please cross out the type of owner and fill in the required information accordingly if it is different from applicant. If owners are more than one, please add new page)

□Natural person	$\Box$ Organization
ID document (ID card or passport):	Company code/Enterprise code:
document (in early sparsport).	Company code Enterprise code.
ID document number:	OR
	Registration number:
Country:	
First name:	Registered Name:
Middle name:	
Last name:	
A 11 /	
Address (Residence address if Person OR Head office address if Organization/ Foreign	
Phone:	Sector:
Email:	Cell:
Country:	
	Street name and house number:
Province:	
	P. O. Box:
District:	Р. О. Вох:
Representative of owner	
ID document (ID card or passport): First Name:	
ID document number: Middle Name:	
Country: Last Name:	
Address (Foreigners fill in only Phone-Email-Country-Province/City)	
Phone:	Sector:
Email:	Cell:
Country:	Street name and house number:
Province:	
	P. O. Box:
District:	

(Please cross out the type of creator and fill in the required information according	rdingly if it is different from applicant. If creators
are more than one, please add new page)	
□Natural person	
ID de sum est (ID )	7
ID document (ID card or passport):	
ID document number:	
Country:	
First name:	
N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Middle name:	
Last name:	
	_
Address (Residence address if Person OR Head office address if Organization/ Foreig	ners fill in only Phone-Email-Country-Province/City)
Phone:	Sector:
Email:	Cell:
Country:	Street name and house number:
Province:	
	P. O. Box:
District:	
Representative of the creator	
ID document (ID card or passport): First Name:	
ID document number: Middle Name:	
Country: Last Name:	
Addross (E. C. C. L. D. C.	
Address (Foreigners fill in only Phone-Email-Country-Province/City)	
Phone:	Sector:
Email:	Cell:
Country:	Street name and house number:
Province:	
	P. O. Box:
District:	

III. Creator information (must be natural person(s))

□ Creator is the applicant (Please cross out if creator is the same as applicant)

## IV. Agent information (Please cross out the type of agent and fill in the required information accordingly) □Natural person □Organization

ID document (ID card or passport):	Company code/Enterprise code:
ID document number:	OR
	Registration number:
Country:	
First name:	Registered Name:
Middle name:	
Last name:	
Address (Residence address if Person OR Head office address if Organization/ Foreign	ners fill in only Phone-Email-Country-Province/City)
Phone:	Sector:
Email:	Cell:
Country:	Street name and house number:
Province:	
	P. O. Box:
District:	
Representative of agent	
ID document (ID card or passport): First Name:	
ID document number: Middle Name:	
Country: Last Name:	
Address (Foreigners fill in only Phone-Email-Country-Province/City)	
Phone:	Sector:
Email:	Cell:
Country:	Street name and house number:
Country:	Street name and house number:
Country: Province:	Street name and house number:
Province:	Street name and house number:  P. O. Box:
Province:	

#### V. Attachments

□Description  • Summary of the design • Photographs • Graphic representations • Purpose of the design □Specimen of the design □Claim of priority □Drawing				
<ul><li>Drawing</li><li>Model</li><li>Sample</li><li>Diagram</li></ul>				
□Abstract □Fee payment receipt slip □Copy of ID document				
☐Power of attorney ☐Certificate of Registration ☐Other				
Certification and signatures				
I/we hereby give my/our con	nsent to:			
	☐ Owner ☐ Creator Signature(In capital letters)			
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:			