APPLICATION FOR
REGISTRATION OF A GEOGRAPHICAL INDICATION
THE INTELLECTUAL PROPERTY LAW NO 31/2009 OF 26/10/2009

**Article 169**

### 1. Application

- ☐ New application *(Fill in all relevant fields)*

  Short description of the geographical indication (or according to attachment):

  [Blank field]

- ☐ Claim of priority filed outside Rwanda

  **Priority date**

  [Blank field]

  *(date/month/year)*

  **Application number (if known)**

  [Blank field]

  **Country**

  [Blank field]

  Representation of the Geographical indication:

  [Blank field]
**II. Indication information**

Does the Geographical indication contain a word or words without any particular form or presentation  □ (yes)
Is colour claimed as an element of the Geographical indication  □ (yes)
If “yes” state which colour(s):
Is the application for registration of a three-dimensional Geographical indication  □ (yes)
(ensure that the representation illustrates it clearly)
Is the registration for a collective Geographical indication  □ (yes)
(provide a copy of the regulations for its use in accordance with the law)

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

- **Natural person**
  - ID document (ID card or passport):  
  - ID document number:  
  - Country:  
  - First name:  
  - Middle name:  
  - Last name:  

- **Organization**
  - Company code/Enterprise code:  
  - OR
  - Registration number:  
  - Registered Name:  

**Address** (Residence address if Person OR Head office address if Organization/ Foreigners fill in only Phone-Email-Country-Province/City)

- Phone:  
- Email:  
- Country:  
- Province:  
- District:  
- Sector:  
- Cell:  
- Street name and house number:  
- P. O. Box:  
### Representative of applicant

<table>
<thead>
<tr>
<th>ID document (ID card or passport):</th>
<th>First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID document number:</td>
<td>Middle Name:</td>
</tr>
<tr>
<td>Country:</td>
<td>Last Name:</td>
</tr>
</tbody>
</table>

### 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:                        |               |

### IV. Owner information

**☐ 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**

<table>
<thead>
<tr>
<th>ID document (ID card or passport):</th>
<th>Company code/Enterprise code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID document number:</td>
<td>OR Registration number:</td>
</tr>
<tr>
<td>Country:</td>
<td>Registered Name:</td>
</tr>
<tr>
<td>First name:</td>
<td></td>
</tr>
<tr>
<td>Middle name:</td>
<td></td>
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<td>Last name:</td>
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### 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 owner

ID document (ID card or passport):

ID document number:

Country:

First Name:

Middle Name:

Last Name:

Address (Foreigners fill in only Phone-Email-Country-Province/City)

Phone:

Email:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

P. O. Box:

V. Attachments

☐ 4 identical copies of the representation of the Geographical indication
☐ Claim of priority
☐ Copy of regulations for a collective Geographical indication
☐ Fee payment receipt slip
☐ Copy of ID document
☐ Power of attorney
☐ Certificate of Registration
☐ Other........................................................................................................................................

Signatures

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: ....................................................................................................

Page 4 of 4