Form XVIII

(Regulations 18(1))

(To be completed in duplicate)

Application No.…



**THE PATENTS AND COMPANIES REGISTRATION AGENCY**

**The Protection of Traditional Knowledge, Genetic Resources**

**and Expressions of Folklore Act**

**(Act No. 16 of 2016)**

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**The Protection of Traditional Knowledge, Genetic Resources and**

**Expressions of Folklore Regulations, 2021**

**APPOINTMENT OF AGENT**

**TO: THE REGISTRAR**

|  |  |
| --- | --- |
| **DETAILS OF APPLICANT** | |
| 1. Here also indicate if user or holder | Full names (1)……………………………………………………….……….……………………..  Identity Number ....................................................................................................  Nationality…….......................................................................................................  Residential address…………....................................................................................  Telephone Number……………………………………….………………………………………..  Mobile number………………………………………..…………………………………………….  Email address…………………………………….………………………………………………… |
| **DETAILS OF AGENT** | |
|  | Full names ……………………………………………………………...…….……………………..  Identity number .....................................................................................................  Nationality……........................................................................................................  Residential address………………..………...................................................................  Telephone number………………………………………………..………………………………..  Mobile number…………….……………………………..………………………………………….  Email address…………………………………………..…………………………………………… |
| (2)Here indicate the relevant subject matter | I/we\* ……………………………………….…………………………………………………………  ……………………………………………………………..… authorise the above named person/firm\*to act as my/our\* agent in respect of (2)……………………………………………………………………………………………..  …………………………………………………………………………………………………. and request that all notices, requisitions and communications relating thereto may be sent to the agent at the above address.  I/we\* further revoke all previous authorisation/appointment, if any, in respect of the subject matter. |
| Dated this ………………….. day of ……….……….……………..………, 20…………  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of applicant | |
| **FOR OFFICIAL USE ONLY**  Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Officer’s name and signature  Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **OFFICIAL STAMP** | |

\*delete what is not applicable