Form XIX

(Regulation 19)

(To be completed in duplicate)

Notice 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**

**REQUEST FOR INFORMATION**

**TO:** **THE REGISTRAR**

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| **DETAILS OF APPLICANT** | | |
| Full names (1)……………………………………………………….……….……………………..  Identity Number....................................................................................................  Nationality…….......................................................................................................  Residential address…………....................................................................................  Telephone Number……………………………………….………………………………………..  Mobile number………………………………………..…………………………………………….  Email address…………………………………….………………………………………………… | | |
| 1. Here insert name of holder/representative\* 2. Here specify whether holder/representative\* 3. Here specify name of register | I/we\*(1) ……………………………………………………………………………………………………….  …………………………………………………………………………………………………………………..  in my/our\* capacity as (2) ……………………………………………………………….. give notice of the changes) in the particulars entered in the Register (3) …………………………………..  …………………………………………………………………………………………………………………..  …………………………………………………………………… register\* as follows:  ……………………………….…………………………………………………………………………………  ………………………………………………………………………..……………………………………….  ………………………………………………………………………..…………………………………………  ……………………………………………………………………..……………………………………………  …………………………………………………………………..………………………………………………  ………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………. |
|  | Dated this ……………… day of ……….………………… 20…….  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Holder/Representative\* |
| **FOR OFFICIAL USE ONLY**    Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Officer’s name and signature  **OFFICIAL STAMP**  Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |