

REGISTRAR'S OFFICE, THE REPUBLIC OF BOTSWANA

Form No. 5 INDUSTRIAL PROPERTY ACT APPLICATION FOR REGISTRATION OF INDUSTRIAL DESIGN To: The Registrar [Address]	Use	For Official
	Date of Receipt by Registrar's Office:	
	APPLICATION No.:	(Office's
	Stamp)	
	FILING DATE:	
	Applicant's or Representative's File Reference:	

THE APPLICANT(S) REQUEST(S) THAT THE ACCOMPANYING INDUSTRIAL DESIGN BE REGISTERED IN RESPECT OF THE FOLLOWING PARTICULARS:

I. APPLICANT(S)*

Additional information is contained in supplemental

Name:

Address:

Nationality:

Country of residence or principal place of business:

Tel. No.: Telegraphic Address: Telex No.: Fax No.:

* The data concerning each applicant must appear in this box or, if the space is insufficient, in the supplemental box.

II. AGENT

The following agent has been appointed by the applicant(s) in the power of attorney

accompanying this Form to be filed withing one month from the filing of this Form

Name:

Address:

No.: Tel. No.: Telegraphic Address: Telex No.: Fax

III. REPRESENTATIONS OF THE INDUSTRIAL DESIGN; SPECIMEN

This Form is accompanied by

- four graphic representations
- four drawings or tracings
- a specimen of the industrial design

IV. CREATOR

The creator is the applicant Additional information is contained in supplemental box

If creator is not the applicant:

Name:

Address:

form The statement justifying the applicant's right accompanies this

V. PRODUCTS

The kind of products for which the industrial design is to be used is (are) the following:

VI. PRIORITY CLAIM (if any)

The priority of an earlier application is claimed as follows:

Country:

Filing Date:

Application No.:

The priority of more than one earlier application is claimed;
the data are indicated in the supplemental box

The certified copy of the earlier application

accompanies this Form

will be furnished within three months of the filing of this Form

VII. FEES

accompany this Form

VIII. SUPPLEMENTAL BOX*

* Use this box if any of the boxes is not large enough to contain information to be furnished. Indicate the boxes continued in this box by their Roman numerals and title (e.g., "II. APPLICANT(S) (continued)").

SUPPLEMENTAL BOX (cont'd)

IX. SIGNATURE(S)

..... (Applicant(s)/Agent^{*})

(Date)

..... (Applicant(s)/Agent^{*})

(Date)

* Type name(s) under signature and delete whichever does not apply.

TO BE FILLED IN BY THE REGISTRAR

1. Date application received:
2. Date of receipt of corrections, later filed papers completing the application:
3. Date fees received:

