## GI FORM 13

## GEOGRAPHICAL INDICATIONS ACT, 2013

## FORM OF AUTHORISATION OF AGENT

To:	The Registrar of Geographical Indications Uganda Registration Services Bureau Kampala	For Official Use: Date of Receipt: APPLICATION NO.:	(Office Stamp)		
		Fees Receipt Number:			
		Amount:			

I/We				•••••		••••				
whose full address is		•••••		have	e appoir	nted				
of	to	act	as	my/our	agent	in				
Uganda	for	•••••	1	No		••••				
and request that all notices requisitions and communications relating thereto may be sent to such										
agents, at the above address, and I/we hereby authorize the said agent to accept service on my/our										
behalf of any documents relating to ar	y registration obtained und	er this	auth	orization.						

I/We hereby declare that I am/we are .....

Signature.....

- 1. The full names of corporation/all partners in a firm.
- 2. Address of agent.
- 3. The particular matter of proceedings for which the agent is appointed giving the registration application number if known.
- 4. Nationality and status of corporations.