



FORM 20

REQUEST FOR REGISTRATION OF TRADITIONAL KNOWLEDGE
(regulation (59))

MARKS, PATENTS AND DESIGNS OFFICE INDUSTRIAL PROPERTY ACT, 2010	
To: The Registrar [Address]	<p align="center">For Official Use</p> Date of Receipt by Registrar's Office: APPLICATION No.: <p align="center">(Office's Stamp)</p> FILING DATE: Applicant's or Representative's File Reference:
THE APPLICANT(S) REQUEST(S) THE REGISTRATION OF TRADITIONAL KNOWLEDGE IN RESPECT OF THE FOLLOWING PARTICULARS:	
I. TITLE OF THE TRADITIONAL KNOWLEDGE:	
II. APPLICANT(S)* Additional information is contained in supplementary box <input type="checkbox"/> 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 supplementary box.

C.760

Form 20 (cont'd)

III. COMMUNITY REPRESENTATIVE/AGENT

The following agent/community representative has been appointed by the applicant(s) in the Power of Attorney/letter of authorization by community.

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

Name:

Address:

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

IV. DESCRIPTION OF TRADITIONAL KNOWLEDGE

Form 20 (cont'd)

VIII. SUPPLEMENTARY BOX*

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for providing supplementary information if the main boxes are not large enough.

* 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)").

C.762

Form 20 (cont'd)

IX. CHECKLIST (TO BE FILLED IN BY THE APPLICANT(S))	
A. This application contains the following:	B. This Form, as filed, is accompanied by the items ticked below:
1. request sheet(s)	<input type="checkbox"/> separate signed power of attorney
2. description sheet(s)	<input type="checkbox"/> statement justifying the applicant's right
<input type="checkbox"/> application fee	
<input type="checkbox"/> other document(s) (specify)	
Total <input type="checkbox"/> sheets	
X. SIGNATURE(S)*	
..... (Applicant(s)/Agent) (Date)
..... (Applicant(s)/Agent) (Date)
* Type name(s) under signature.	

(Form 20, fourth and last page)