

SCHEDULE 1

GI FORM 1

reg. 7(1)

THE GEOGRAPHICAL INDICATIONS ACT, 2013
REQUEST FOR SEARCH/ INSPECTION/ EXTRACT FROM THE
GEOGRAPHICAL INDICATIONS REGISTER.

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:

Applicant's or Agent's File Reference

IN THE MATTER OF:

Geographical Indication No.: registered from/20.... for goods in class
.....

I/We

of (*insert address*) request an extract or certified
copy of the above mentioned geographical indication.

NOTES

- Please use a separate form for each geographical indication.*
- Please describe any special requirements. If space provided is not sufficient, please use a separate sheet of paper.*

Signature:

Name of signatory:

Date: