RDB RWANDA DEVELOPMENT BOARD

ORG
Office of the Registrar General

APPLICATION FOR COPYRIGHT

I. Application *(In case of a new application you need to fill in all the sections. In case of amendment the registration number is required and you **ONLY** need to fill in the required sections depending on the category of amendment)*

☐New application *(Fill in all relevant fields)*

☐Amendment to the copyright

(Fill in all relevant fields)

- ☐Change of particulars
- ☐Licence contract
- ☐Removal
- ☐Ex officio decision

Registration Number

(Only for amendments)

Title

☐ Claim of priority filed outside Rwanda

Priority date

Country

Category of work

Work identification

Date of first publication

Country

II. Applicant information(*Please cross out the type of applicant and fill in the required information accordingly)*

☐**Natural person** ☐**Organization**

ID document (ID card or passport):

ID document number:

Country:

First name:

Middle name:

Last name:

Company code/Enterprise code:

OR

Registration number:

Registered Name:

Address (Residence address if Person OR Head office address if Organization)

Phone:

Email:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

P. O. Box:

Representative of applicant (**when an organization**)

ID document (ID card or passport):

ID document number:

Country:

First Name:

Middle Name:

Last Name:

Address

Phone:

Email:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

P. O. Box:

III. Owner information

☐**Owner is the applicant** (*Please cross out if owner is the same as applicant)*

(*Please cross out the type of owner and fill in the required information accordingly if it is different from applicant. If owners are more than one, please add new page)*

☐**Natural person** ☐**Organization**

ID document (ID card or passport):

ID document number:

Country:

First name:

Middle name:

Last name:

Company code/Enterprise code:

OR

Registration number:

Registered Name:

Address (Residence address if Person OR Head office address if Organization)

Phone:

Email:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

P. O. Box:

Representative of owner (**when an organization**)

ID document (ID card or passport):

ID document number:

Country:

First Name:

Middle Name:

Last Name:

Address

Phone:

Email:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

P. O. Box:

IV. Author information

☐**Author is the applicant** (*Please cross out if author is the same as applicant)*

(*Please cross out the type of author and fill in the required information accordingly if it is different from applicant. If authors are more than one, please add new page)*

☐**Natural person** ☐**Organization**

ID document (ID card or passport):

ID document number:

Country:

First name:

Middle name:

Last name:

Company code/Enterprise code:

OR

Registration number:

Registered Name:

Address (Residence address if Person OR Head office address if Organization)

Phone:

Email:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

P. O. Box:

Representative of author (**when an organization**)

ID document (ID card or passport):

ID document number:

Country:

First Name:

Middle Name:

Last Name:

Address

Phone:

Email:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

P. O. Box:

V. Agent information (*Please cross out the type of agent and fill in the required information accordingly)*

☐**Natural person** ☐**Organization**

ID document (ID card or passport):

ID document number:

Country:

First name:

Middle name:

Last name:

Company code/Enterprise code:

OR

Registration number:

Registered Name:

Address (Residence address if Person OR Head office address if Organization)

Phone:

Email:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

P. O. Box:

Representative of agent (**when an organization**)

ID document (ID card or passport):

ID document number:

Country:

First Name:

Middle Name:

Last Name:

Address

Phone:

Email:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

P. O. Box:

VI. Licence information

Licensee

☐**Licensee is the applicant** (*Please cross out if licensee is the same as applicant)*

(*Please cross out the type of licensee and fill in the required information accordingly if it is different from applicant. If licensees are more than one, please add new page)*

☐**Natural person** ☐**Organization**

ID document (ID card or passport):

ID document number:

Country:

First name:

Middle name:

Last name:

Company code/Enterprise code:

OR

Registration number:

Registered Name:

Address (Residence address if Person OR Head office address if Organization)

Phone:

Email:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

P. O. Box:

Representative of licensee (**when an organization**)

ID document (ID card or passport):

ID document number:

Country:

First Name:

Middle Name:

Last Name:

Address

Phone:

Email:

Country:

Province:

District:

Sector:

Cell:

Street name and house number:

P. O. Box:

Content of licence contract:

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.....
.....

Licence contract date:

VII. Attachments

☐Fee payment receipt slip
☐Copy of ID document
☐Licence Contract
☐Power of attorney
☐Other

Certification and signatures

I/we hereby give my/our consent to:

☐ Owner
Date: …….. ☐ Author Signature.....
☐ Licensee *(In capital letters)*

I hereby certify that the information given to the best of my knowledge is true, complete and all signatures in the attachments are made by the persons stated. I also understand that any false declaration may lead to prosecution.

Date: …… Applicant's Signature: …….....