

Form 1

THE PROTECTION OF GEOGRAPHICAL INDICATIONS ACT

THE PROTECTION OF GEOGRAPHICAL INDICATIONS REGULATIONS, 2009

**Application for Registration of Geographical Indication
(Pursuant to Regulation 9)**

Application is hereby made for registration of the geographical indication (details of which accompany this Form) in the name of the Applicant(s) acting in the capacity of¹

The particulars required for the purposes of the application are set out below:

PARTICULARS

I. APPLICANT(S)²

Name(s):

Address(es):

Mailing Address (if any):

Nationality:

Tel. No.:

Email Address (if any):

Fax No.:

Address for Service in Jamaica³:

II. DULY AUTHORIZED AGENT

The following has been appointed by the applicant as his duly authorized agent.

Name:

Address:

Tel. No.:

Email Address (if any):

Fax No.:

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FIRST SCHEDULE, *contd.*

Form 1, *contd.*

III. GEOGRAPHICAL INDICATION

The geographical indication for which registration is sought is the following:

IV. GEOGRAPHICAL AREA

The following is the demarcation of the territory of the country, region or locality in that territory, to which the geographical indication applies, and from which the goods for which the geographical indication is used originate:

Additional information, possibly in graphic form, maps, etc.

☐ Accompanies this Form

V. GOODS

The goods for which the geographical indication is used are the following:

VI. QUALITY, REPUTATION OR OTHER CHARACTERISTICS

The quality, reputation or other characteristics of the goods for which the geographical indication is used, and any conditions under which the indication may be used, are the following:

☐ Additional information accompanies this Form

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FIRST SCHEDULE, *contd.*

Form 1, *contd.*

VII. FEES		accompanying this Form <input type="checkbox"/>
VIII. SIGNATURE(S)⁴:	Applicant(s):	
	Date: _____	
TO BE COMPLETED BY THE REGISTRAR		
Date of receipt of corrections and later filed papers completing the application:		
FOR OFFICIAL USE		
Date of Receipt by Jamaica Intellectual Property Office:		<input type="text"/>
Application No.:	<input type="text"/>	
		(Office's Stamp)
Fees received on:	<input type="text"/>	
Gazette Details:		

ANNEX

¹ State capacity in accordance with section 9 of the Act.

² If the space provided in any of the boxes is insufficient use additional sheets and attached to this form.

³ Where an Attorney-at-law has been appointed, the address of the Attorney-at-law shall be treated as the address to which any communication shall be transmitted.

⁴ Type name(s) under signature(s). The typed names and signatures of all applicants should appear (one below the other).