GEOGRAPHICAL INDICATIONS ACT, 2013

REQUEST FOR REMOVAL FROM THE REGISTER OR ALTERATION OF CONDITIONS OF REGISTRATION OF A REGISTERED GEOGRAPHICAL INDICATION.

To: The Registrar of Geographical Indications Uganda Registration Services Bureau Kampala	For Official Use:
	Date of Receipt:
	APPLICATION NO.:
	(Office Stamp) Fees Receip
	Number:
	Amount:
Applicant's or Agent's File Reference	
IN THE MATTER OF:	
Geographical Indication No.:/20 fo	or goods in Class
or alteration of the conditions of registrati	(insert address) request removal from the register on of geographical indication registration No.
II. GROUNDS IN SUPPORT OF APPLICAT	TON:
The grounds of the application are as fol	llows:
(Supporting statement to accompany this	s Form)
Signature:	
Name of Signatory:	
Date:	