**INTELLECTUAL PROPERTY CORPORATION OF MALAYSIA**

**GEOGRAPHICAL INDICATION ACT 2022**

Fee Code

**GIA23**

**5**

**APPLICATION FOR REGISTRATION OF GEOGRAPHICAL INDICATION AGENT**

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| **1** | **THIS REQUEST FOR REGISTRATION OF GEOGRAPHICAL INDICATIONS AGENT IS FOR:*** Individual – if the applicant is an individual please fill up section 1(a) and the rest of the section
* Partnership and bodies corporate - if the applicant is a partnership and bodies corporate please fill up section 1(b) and 4 only
 |
| **1(a) APPLICANT – AN INDIVIDUAL**1. Name:
2. Entitlement, please tick at least one:
	* a citizen
	* a domiciled
	* has a permanent resident of Malaysia
3. Principal address/place of business (mandatory):

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| Postcode: Town: |
| State/Country: |

1. Address of correspondence to be recorded in the register if any:

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|  |
| Postcode: Town: |
| State/Country: |

1. Telephone No:
2. Fax No:
3. Email:
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| **1(b) APPLICANT - Partnership and bodies corporate**1. Reference of Registered

Agent Name:1. Registered Agent No.
2. Principal Address/Place of Business (Mandatory):

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|  |
| Postcode: Town: |
| State/Country: |

1. Address of correspondence to be recorded in the register i(f any):

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|  |
| Postcode: Town: |
| State/Country: |

1. Telephone No:
2. Fax No:
3. Email:
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| **2** | **QUALIFICATIONS**(Please attach copies of qualifications)* + The applicant is on the Register of Patents Agents maintained in pursuance of regulations made under the Patents Act 1983
	+ The applicant is on the Register of Trademarks Agents maintained in pursuance of regulations made under the Trademarks Act 2019
	+ The applicant is an advocate and solicitor of the High Court in Malaya or an advocate and solicitor of the High Court in Sabah and Sarawak who is practicing solely in Malaysia
	+ The applicant holds a recognized degree in any field of studies and has had at least two years’ experience in the field of industrial property
	+ The applicant has had at least three years of experience in the field of industrial property by virtue of him being an ex-officer of the Corporation.
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| **3** | **EXPERIENCE**(If the space provided is insufficient, please continue on a separate sheet which must be ~~firmly~~ annexed to this form)……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **4** | **DECLARATION (**Please tick the box where applicable)i) Declaration by an individual applicant:☐ I, the undersigned, do hereby declare that,1. all the information given above is true and correct;
2. am practicing as an agent in a business registered in Malaysia;
3. am not an undischarged bankrupt;
4. am not being convicted of an offence involving fraud or dishonesty, or any other offences under the Act;
5. have attended all the required courses;
6. have passed the examination conducted by the Registrar; and
7. pay tax on my income in Malaysia ~~(~~**~~proof of payment is as attached~~**~~).~~

ii) Declaration by person on behalf on partnership and bodies corporate☐ I, the undersigned, do hereby declare that,1. have been duly appointed and authorized to act on behalf of the person(s) filing this form.
2. the information furnished above on behalf of the partnership or bodies corporate filing this form is true to the best of the applicant(s)' knowledge.
3. the partnership or bodies corporate pay tax on their income in Malaysia ~~(~~**~~proof of payment is as attached~~**~~)~~.

Signature:……………………………Name of signatory (in block letter):…………………………………………………………………………Date**Attention:****It is an offence under section 36 of the Geographical Indications Act 2022 to submits or causes to be submitted or makes a false entry to the Geographical Indications Office and that person may be liable to a fine not exceeding RM50,000 or to imprisonment for a term not exceeding 5 years or to both.**  |
| **5** | **SCANNING SHEET**(Self-calculation of payment for scanning services)

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| --- | --- | --- | --- |
| No | Name of Document | No of Page(s) | Amount (RM2 for each page) |
|  |  |  |  |
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TOTAL PAYMENT FOR SCANNING SERVICES: RM …………………………………… [ ]  If more space is necessary, tick off this box and use an additional sheet  |
| **6** | **PAYMENT DETAILS** [Note: This will depend on the method of payment accepted.]☐ Cash ☐ Cheque (Cheque No.)☐ Credit Card ☐ Local Order (LO No.) ☐ Other, please specify |