**INTELLECTUAL PROPERTY CORPORATION OF MALAYSIA**

Fee Code

**GIA27**

**5**

**GEOGRAPHICAL INDICATION ACT 2022**

**NOTICE OF—**

**(A) APPOINTMENT AND AUTHORIZATION OF REGISTERED AGENT**

**(B) ADDITIONAL ADDRESS FOR SERVICE OF AN APPLICANT OR ANY PERSON**

**(C) TERMINATION OF REGISTERED GEOGRAPHICAL INDICATION AGENT**

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| **1** | **APPLICATION / REGISTRATION NO.:** |
| **2** | **APPLICATION FOR—** (Please tick at least one)  ☐ appointment and authorization of registered agent   |  |  |  | | --- | --- | --- | | a | Name: |  | | b | Agent Code |  | | c | Reference |  |   ☐ additional address for service of applicant or any person   |  | | --- | |  | |  | | Postcode: Town: | | State/Country: |   ☐ termination of registered geographical indication agent’s authority |
| **3** | **DECLARATION AND SIGNATURE**  **☐ By Person Filing the Form**  I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge.  **☐ By Agent** (An agent signing this form on behalf of the applicant/registered proprietor shall satisfy himself as to the truth of the declaration)  I, the undersigned, do hereby declare that:   1. I have been duly appointed/authorized to act as an agent on behalf of the person(s) filing this form. 2. The information furnished above on behalf of the person(s) filing this form is true to the best of the person(s)' knowledge.   Signature………………………………  Name of signatory (in block letter):  Date:  Tel:  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.** |
| **4** | **SCANNING SHEET**  (Self-calculation for payment of scanning services)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | No | Name of Document | No of Page(s) | | Amount  (RM2 for each page) | | |  |  |  | |  | | |  |  |  | |  | | | TOTAL PAGES AND AMOUNT TO PAY | | |  | |  | |   ☐ If more space is necessary, mark off this box and use an additional sheet |
| **5** | | **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 |