**IP LICENSING REQUEST FORM**

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| **LICENSOR INFORMATION** |
| **Name of Legal Entity:** |  |
| **Representative:** |  |
| **Contact Details** | *Mobile:* |
| *Landline:* |
| *E-mail:* |
| **Company Address:** |
|  |
| **Company Description:***Please provide a brief description of your company* |
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| **INTELLECTUAL PROPERTY INFORMATION** |
| **IP Code #:** |  |
| **IP Name:** |  |
| **Purpose for Licensing:***Kindly provide details for the purpose of licensing the chosen IP (intended use, strategic acquisition, etc.)* |
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| *To be filled up by AIPO personnel:* |
| Request No. | Result: |  |