**IP LICENSING REQUEST FORM**

|  |  |
| --- | --- |
| **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* | |
|  | |

|  |  |
| --- | --- |
| **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.)* | |
|  | |

|  |  |  |
| --- | --- | --- |
| *To be filled up by AIPO personnel:* | | |
| Request No. | Result: |  |