



**OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT (ORID)
TECHNOLOGY TRANSFER AND INTELLECTUAL PROPERTY SERVICES (TTIPS)**

TRADEMARK DISCLOSURE FORM

The purpose of this form is to notify ORID of a trademark developed. Should you require assistance in completing this form kindly contact us at orid-ipatt@ug.edu.gh or on 0302 213850, Ex. 2717; or 0302 940530

1. Name of Mark

2. Year of creation

**3. Description of mark (not more than 250 words)
Kindly describe: (i) the characteristics of the mark.**

(ii) The goods and/or services that the mark will be used in connection with.

(iii) Kindly attach a graphical image of the mark on a separate sheet. Also forward an electronic copy to orid-ipatt@ug.edu.gh

(iv) How will the mark be used with goods and/or services (i.e. printed on a label attached to the goods, printed on the goods used in advertisement. etc.)

4. Has the mark been used before? Yes No. If yes, please provide date of first use _____

CONFIDENTIAL

5. Funding

- a. Was the mark developed through a sponsored research project (e.g. University of Ghana research grants, externally funded grants, donation, other third party, etc.)? Yes No

If yes, please provide details in the table below.

Title of Grant	Name of Sponsor(s)/Donor

6. Has a trademark search been conducted on the mark? Yes No. If yes kindly describe the results of the search or attach the results of the search to this form.

7. Please indicate the names of commercial entities that may be interested in using the trademark.

Name of organisation	Contact Person	Telephone number	Email Address

8. Information on Contributors (Please add as many rows as may be required).

By signing below, each contributor certifies that he/she contributed to the creation of the trademark and that the information provided is correct.

Name: _____	
Position: _____	Department: _____
Email: _____	Contact number: _____
Signature: _____	Date: _____
Name: _____	
Position: _____	Department: _____
Email: _____	Contact number: _____
Signature: _____	Date: _____

6. INSTITUTIONAL APPROVALS

Please provide multiple copies of this page where there is more than one author and the authors are in different Colleges/ Institutes/ Schools/ Centres.

1. Head of Department

Name: _____ Department: _____

Signature: _____ Date: _____

2. Dean/ Director:

Name: _____ Department: _____

Signature: _____ Date: _____

3. Provost:

Name: _____ Department: _____

Signature: _____ Date: _____

*Kindly submit the completed form and any supporting documents to the
Office of Research, Innovation and Development; Ground floor, LECIAD Building*

FOR ORID USE ONLY

RECEIVED BY

Name:

Signature:

Date:
