

APPLICATION FOR PLANT BREEDERS' RIGHTS AND/OR LISTING

() mark applicable option (letters between brackets refer to the notes in the 'Instructions for completing the form')

() **Application for plant breeders' rights (a)**

() **Application for listing (b)**

When both options are chosen: see c and d

() **Breeders' trials to be involved in the DUS testing (e)**

() no breeders' co-trial

() yes, judged by Naktuinbouw

() yes, judged by breeder; breeders' trials are located in (which country):

() **Request for 2 DUS-trials in 1 year (only applicable for vegetables) (f)**

() **Requests for authorization for the marketing as not yet listed varieties according to 2004/842 EC. (only applicable for vegetables) (g)**

() **DUS testing to be postponed (only applicable for agricultural maize varieties) (h)**

() **VCU has been applied for (only for agricultural varieties)**

1. Applicant(s): (i) In case of more applicants, please add them in a separate annex.

() Legal entity () natural person (please indicate which option is applicable) () new client

Statutory name

Visiting address:..... City:.....

Postal address:..... City:.....

Country:.....

Telephone:..... Mobile:.....

Email for the invoice:.....

Maintainer (if different from 1): (j)

Statutory Name:..... () new client

Visiting address:..... City:.....

Postal address:..... City:.....

Country:.....

Telephone:..... Mobile:.....

Email for the invoice:.....

2. Correspondence address (if different from 1): (k)

Statutory Name:..... () new client

Visiting address:..... City:.....

Postal address:..... City:.....

Country:.....

Telephone:..... Mobile:.....

Email for the invoice:.....

This is the address of: () the applicant () the correspondent () the proxy (please indicate which option is applicable)

3. Species (scientific (Latin) and English name):

.....

4. Breeders' reference (l):

.....

Email: teamsupport@rasraad.nl Website: www.raadvoorplantenrassen.nl

Postal address: Postbus 14, NL-2370 AA, Roelofarendsveen T: +31 71 33 26 137

Visiting address: Sotaweg 22, 2371 GD, Roelofarendsveen

Bank account: 30.00.17.057 – IBAN: NL82RABO0300017057 – Swiftcode: RABONL2U

(for paying conditions see 'Instructions for completing the form')

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5. a; The original breeder(s) (raiser) is (are) (if different from 1) (m):

Name:.....
 Visiting address:..... City:.....
 Postal address:..... City:.....
 Country:.....
 Telephone:..... Mobile:.....
 Email:.....

5. b; The variety was bred in country
5.c; The variety was transferred to the applicant(s) by: indicate applicable option

- ☐ Contract (**please enclose a copy of the contract**)
☐ Succession
☐ Other (specify)

PROPOSED DENOMINATION (in block letters):

.....

Please fill in the following fields when proposing a denomination: (tick only **one** box)

- ☐ This proposal concerns a fancy name
☐ This proposal concerns a code

I. Denominations submitted or registered in:
a. in other UPOV countries:

Country	Stage in procedure	Denomination (if different from 4)

b. by other registration authorities:

Registration authority	Registration nr and/or Registration date	Denomination (if different from 4)
KAVB RHS FLORICODE		

II. The proposed denomination has been filed by or registered for the applicant(s) as a trademark in the country of application, in a UPOV member State or with the World Intellectual Property Organization (WIPO) in respect of products which are identical or similar within the meaning of trademark law.

Country and/or WIPO	Application Date	Registration Date	Registration nr.

III. RENUNCIATION OF TRADEMARK

I (we) hereby declare that, if the denomination as proposed above is registered in the Dutch Variety Register, I (we) renounce the rights which I (we) may have with respect to that denomination in connection with the same or similar goods.

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6. Are there further applications in countries outside or in the Netherlands? (n) If yes, fill in the relevant information.	Filing (Country and date):	Application no.:	Stage (o):	Denomination or breeder's reference:
For plant breeders' rights				
For official list				

Request for take over of the DUS-report by the Board for plant varieties: () yes () no

If yes: from which UPOV country:

7. Is priority claimed (art. 54 of Seeds and Plant Material Act 2005) in respect of the application for plant breeders' rights? If yes, fill in the relevant information.:

(UPOV) country.....
 Application number.....
 On (date).....
 Should DUS-testing be postponed in relation to this priority claim? () yes () no (p)

Novelty (only for plant breeders' rights)

8. a; The variety is in the Netherlands (q): *indicate applicable option*

() not sold or otherwise disposed of to others
 () sold or otherwise disposed of to others
 On date:.....With the denomination or breeder's reference:.....

8. b; The variety is outside the Netherlands: *indicate applicable option*

() not sold or otherwise disposed of to others
 () sold or otherwise disposed of to others
 On date:.....With the denomination or breeder's reference:.....
 In country:.....

9.a The technical examination of this variety: *indicate applicable option*

() has already been completed in (country)..... date completed (if known).....
 () is in the process of being carried out in (country)..... date started (if known).....
 () has not yet been started
 () In which country do you wish to carry out the DUS test?.....

9.b I hereby declare that the material, as provided with the 1st application of this variety, is representative for this variety and relevant for this application.

9.c Authorization is hereby given to the Board for plant varieties to exchange with the competent authorities of any UPOV country all necessary information related to the variety, provided that the rights of the applicant are safeguarded.

10. Enclosed forms: *indicate applicable option*

() technical questionnaire (DUS) (*not obliged for take over DUS report*)
 () technical questionnaire (VCU) () certified copies (see 7(n))
 () proxy () (copy of) transfer of ownership
 () photographs () other:

I hereby declare that, to the best of my knowledge, the information necessary for the examination of the application, given in this form and in the annexes, is complete and correct.

Name:.....
 Place:.....
 Date:.....
 Signature(s) applicant(s) or proxy:

I agree to the processing of personal data in accordance with the privacy statement. We only use your data for this purpose, do not share it with others and delete it annually.

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