



**AFRICAN REGIONAL INTELLECTUAL PROPERTY ORGANIZATION (ARIPO)**

<p>ARIPO Form No. 5 ARIPO PROTOCOL ON PATENTS AND INDUSTRIAL DESIGNS</p> <p>REQUEST BY CONTRACTING STATE FOR REMITTANCE OF FEES (Rule 12(2); Instruction 30)</p> <p>To*: Director General ARIPO Office P.O. Box 4228 Harare Zimbabwe</p>	<p>For Official Use (by ARIPO Office)</p> <p>Received on:</p>
<p>Applicant's or Representative's File Reference:</p>	
<p>We hereby request the ARIPO Office that the fees due to and held by the ARIPO Office in the favour of (name of Contracting State) by remitted, pursuant to Rule 12(2), to*:</p> <p>as follows**:</p>	
<p>SIGNATURE*** ..... (Date)</p>	

\* Indicate office and address.

\*\* Indicate mode of payment.

\*\*\* Type name and title under signature