

# APPLICATION FOR A GRANT OF PLANT BREEDERS RIGHTS PART II

(To be completed by the Applicant)

**THE MANAGING DIRECTOR  
KENYA PLANT HEALTH INSPECTORATE SERVICE (KEPHIS)  
PO Box 49592 NAIROBI  
Ph: 254-2-884545, 882308, 882933  
Fx: 254-2-882265  
Em: kephis@nbnet.co.ke**

A. I/We \_\_\_\_\_  
(Full Names of Applicant)

of \_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number) (Fax Number)

apply for a grant of plant breeder's rights in the plant variety specified in Section B.

## B. Details of Plant Variety

1. Species or group of plant varieties to which plant variety belongs:
2. Name or proposed name for variety (if any)
3. Country in which the variety was bred or discovered:
4. Name of breeder or discoverer:
5. Have plants of the variety or any material forming part of, or derived from them been offered for sale locally or broad?
6. If so, give the following particulars:-
  - (i) Country of sale \_\_\_\_\_
  - (ii) Date of first sale or offer for sale \_\_\_\_\_
  - (iii) Terms or conditions of sale \_\_\_\_\_
  - (iv) Has the breeder or discoverer consented to sale? \_\_\_\_\_ (YES/NO)

**KEPHIS**

KEPHIS HEADQUARTERS. Karen, PO Box 49592 – Nairobi.  
Ph: 254-020-884545 | 882308 | 882933 Fx: 254-020- 882265 | EM: [kephis@nbnet.co.ke](mailto:kephis@nbnet.co.ke)  
Web: [www.kephis.org](http://www.kephis.org)

**C. To be completed by Applicants From Outside Kenya**

- i. Country of origin \_\_\_\_\_
- ii. Variety name or designation \_\_\_\_\_
- iii. Has any application for similar rights been lodged in any other country? \_\_\_\_\_ (YES/NO)
- iv. If so give details: \_\_\_\_\_
- v. Do you claim priority in respect of an application lodged in another country within the last 12 months? \_\_\_\_\_ (YES/NO)
- vi. If so, give details of such applications:  
\_\_\_\_\_

**DECLARATION**

I/We declare that I/We have read and understood the conditions specified in Part 1 and undertake to abide by them as required and confirm that the information given in this application is correct to the best of my/our knowledge and belief.

\_\_\_\_\_

(Signature of Applicant)

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