ETHIOPIAN INVESTMENT COMMISSION

Application Form for Technology Transfer Agreement Registration

I. The Applicant (Technology Recipient)

• Name:_____________________________________________________
• Nationality:________________________________________________
• Address :- Region/City __________ Woreda/Sub-city ____________
  Kebele ________ House No. _______ Tel. ______________________
  P.O.Box ___________ Fax ___________ E-Mail_______________

II. The Technology Supplier

• Name:_____________________________________________________
• Nationality:________________________________________________
• Address or Registered Office__________________________________
  (Country, City Street No. House No.< Tel No.)
  E-Mail:____________________________________________________
• Main Business Activity: ______________________________________
  __________________________________________________________

III. The Technology Transfer Agreement

• Title of the Agreement: ________________________________
• Description of the Agreement : ________________________________
  __________________________________________________________
  __________________________________________________________
• Date of the Agreement _________ Duration of the Agreement_______

IV. Local Enterprise/Project Related To The Agreement

• Enterprise /project Title_____________________________________
• Relevance of the Agreement to the Project: ______________________
  __________________________________________________________
  __________________________________________________________
• Location __________________________________________________

V. Declaration And Signature Of The Applicant
I hereby declare that all the information provided are true and correct.

Name of applicant __________________ Designation ______________
Signature __________________________ Date ________________________

FOR OFFICE USE ONLY
Remarks _______________________________________________________

Name___________________________ Position _____________________
Signature __________________________ Date_________________________