**Project Owner Form**

**No IP Protection**

**Declaration for a Project with Co-owners**

We, the undersigned, together and separately, are submitting the attached project on [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] (please describe the project in max. 20 words) to be evaluated by the BANTU Jury. We understand that this project may generate a device with unique characteristics.

We understand that once we submit our project to **BANTU** our project and our idea **will become public** and we understand that making it public may harm the ability and/or chances to protect it and its IP rights, and, *inter alia*, the ability and/or chances to patent it and/or to receive any other available kind of IP protection.

We understand that in order to protect our Project and its IP rights, we need to take necessary actions and, *inter alia*, patent it and/or to receive any other available kind of IP protection, **before** submitting the Project for review by **BANTU**.

By our signature below, each of us acknowledges that we have read, understood and agree to all of the above and we , together and separately, will have no claim and/ or suit and/or demand against **BANTU**, its affiliates, members, officers, directors, employees, consultants, agents, or representatives regarding this.

**Entrant - Project Owner 1:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI: \_\_\_\_\_\_\_\_\_ Last Name:

Address: (Home or Office)

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_ Zip:

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Skype Address:

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Institution(s) or Company(s) you are working for:

**Entrant’s Background:**

Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of Experience:

Education:

Number of Inventions to Date:

Other Information you would like us to know:

**Signature: Date:**

*(Institutions or Companies that have any rights to the proposed device also have to sign this Form)*

***Name of Institution / Company:***

***Title:***

***Signature: Date:***

**Additional Project Owners:**

**Project Co-Owner 2:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI: \_\_\_\_\_\_\_\_\_ Last Name:

Address: (Home or Office)

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_ Zip:

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Skype Address:

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Institution(s) or Company(s) you are working for:

**Project Co-Owner 2 - Background:**

Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of Experience:

Education:

Number of Inventions to Date:

Other Information you would like us to know:

**Signature: Date:**

*(Institutions or Companies that have any rights to the proposed device also have to sign this Form)*

***Name of Institution / Company:***

***Title:***

***Signature: Date:***

**Project Co-Owner 3:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI: \_\_\_\_\_\_\_\_\_ Last Name:

Address: (Home or Office)

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_ Zip:

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Skype Address:

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of Institution(s) or Company(s) you are working for:

**Project Co-Owner 3 - Background:**

Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of Experience:

Education:

Number of Inventions to Date:

Other Information you would like us to know:

**Signature: Date:**

*(Institutions or Companies that have any rights to the proposed device also have to sign this Form)*

***Name of Institution / Company:***

***Title:***

***Signature: Date:***