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FORM 1

**DESIGNATION OF REPRESENTATIVE TO RECEIVE TAKE-DOWN NOTICES**

General Instructions

- *The submission of this form must be accompanied by a SGD32 fee.*
- *This form should preferably be typewritten to assist in processing.*
- *All sections and fields in this form **must** be duly filled, unless otherwise specified below.*
- *Please access <http://bit.ly/iposnsp> to upload and submit the completed form. You can expect to receive payment instructions via email within 3 working days after we receive your form submission.*

**Section A: Type of Submission**

Please tick accordingly:

- New Designation of Representative to Receive Take-Down Notices (“**Designation**”)
- Amendment of Designation
- Removal of Designation

**Section B: Additional Information for Existing Designations**

Instructions:

*Please skip this section if you are submitting a new Designation.*

Name of Network Service Provider as currently listed in the NSP eRegister: \_\_\_\_\_

DR number as stated in the NSP eRegister: \_\_\_\_\_

**Section C: Information on Network Service Provider and Designated Representative**

Instructions:

- *For new Designations, please complete all the below fields.*
- *For amendment of Designations, please fill in only those fields that need to be amended with the updated information. All other fields that do not need to be amended can be left blank.*
- *For removal of Designations, please skip this section.*

Full legal name of network service provider: \_\_\_\_\_

Address of network service provider:

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Name of designated representative to receive take-down notices:

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Appointment held by designated representative in the network service provider's organisation:

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Full address of designated representative to which take-down notices should be sent (*a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in Singapore*):

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Email address of designated representative:

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Telephone number of designated representative:

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Fax number of designated representative:

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**Section D: Details of Requestor**

Name:

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Signature:

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Date of request:

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Email address:

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Telephone number:

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Fax number:

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## **Section E: Goods and Services Tax (GST) Information**

Name (tax invoice to be issued to)

*(Tax invoice will be issued to the entity/individual as indicated. Goods and Services Tax (GST)-registered businesses may claim input tax with Inland Revenue Authority of Singapore (IRAS), subject to meeting the requirements under the GST Act.):*

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The information that you have provided will be published in the Directory on IPOS' website at [www.ipos.gov.sg](http://www.ipos.gov.sg) (About IP > Copyright > Copyright Resources > Network Service Providers).