**SINGAPORE TRADE MARKS ACT / PATENTS ACT / REGISTERED DESIGNS ACT**

**(CHAPTER 332 / 221 / 266)**

TRADE MARKS RULES / PATENT RULES / REGISTERED DESIGNS RULES

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| **FORM CM8** | **Application to Register Transfer of Ownership**  |
|  |
| *Pre-requisites:*1. *Signature by all parties (or their representative if so authorised) or a copy of the documentary evidence establishing the transaction.*

*Estimated Time:* *This form may take approximately 4 - 10 minutes to complete.**General:*1. *\* denotes mandatory field.*
2. *Please file one form for each IP type (i.e. only Trade Marks, Designs or Patents).*
3. *Trade Marks: For an international registration designating Singapore, please use WIPO form MM5(E) instead of this form.*
4. *Fee for this form is payable on a per IP number basis.*
5. *For Patents, attention is drawn to sections 104 and 105 of the Patents Act, rules 90 and 105 of the Patents Rules, and the Patents (Patent Agents) Rules 2001.*
 |
| **PART 1 Reference** |
| Applicant/Agent Reference |  |
| **PART 2 Application No.\*** |
| *Note:* 1. *Application No. refers to Designs Number, Patent Application Number, or Trade Mark Number.*
2. *All the numbers listed below must belong to the same applicant/proprietor and UEN/Company code as indicated in Part 3.*
3. *If there is insufficient space, please use the continuation sheet CS 3.*
 |
| Application No.\* |

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| **PART 3 Name of Applicant/ Proprietor\*** |
| *Note : If there is insufficient space, please use the continuation sheet CS 4.* |
| UEN/ Company Code *(if applicable)* |

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| Name |  |
| Sole Proprietor’s or Partners' Name(s) *(if sole proprietorship or partnership)* |  |

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| **PART 4 Details of Current Applicant/ Proprietor\*** |
| *Note: If there is insufficient space, please use the continuation sheet in CS 1.* |
| UEN/ Company Code *(if applicable)* |

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| Name |  |
| Address | Singapore Address |
|  | Block/ House No. |

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|  | Street Name |  |
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|  | Building Name |  |
|  | Postal Code |

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|  | Foreign Address |
|  | Line 1 |  |
|  | Line 2 |  |
|  | Line 3 |  |
| Nationality or Country of Incorporation\* |  |
| State of Incorporation *(mandatory for USA corporations)* |  |
| Country of Residency*(mandatory for individuals)* |  |
| Sole Proprietor’s or Partners' Name(s) *(if sole proprietorship or partnership)* |  |

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| **PART 5 Details of Subsequent Applicant/ Proprietor\*** |
| *Note: (i) If there is insufficient space, please use the continuation sheet in CS 1.* *(ii) Partial Transfer (Trade Marks): Please ignore this part and fill up the corresponding boxes (i.e. Parts 1 and 2) of the Annex A instead.* |
| UEN/ Company Code *(if applicable)* |

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| Name |  |
| Address | Singapore Address |
|  |  | This Singapore address is to be used as the address for service for the purposes of this form. *(Note: If this is crossed, it is not necessary to fill up the address for service in Singapore in Part 10.)* |
|  | Block/ House No. |

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|  | Street Name |  |
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|  | Postal Code |

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|  | Foreign Address |
|  | Line 1 |  |
|  | Line 2 |  |
|  | Line 3 |  |
| Nationality or Country of Incorporation\* |  |
| State of Incorporation *(mandatory for USA corporations)* |  |
| Country of Residency*(mandatory for individuals)* |  |
| Sole Proprietor’s or Partners' Name(s) *(if sole proprietorship or partnership)* |  |

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| **PART 6 Person making the request\*** |
| Full or Partial Transfer *(Note: Cross one checkbox only.)* |  | Current Proprietor |
|  | Subsequent Proprietor |
|  | Requestor (Interested party other than the current or subsequent proprietor) |
| **PART 7 Full or Partial Transfer\* *(for Trade Marks only)*** |
| *Note : If "Partial" is indicated, provide details of the trade mark no., class no. and goods and/or services for which the transfer is to be recorded at Annex A. The transfer application may only be for goods and/or services already covered in the trade mark application/registration, not for those falling outside.* |
| Full or Partial Transfer *(Note: Cross one checkbox only.)* |  | Full |
|  | Partial |
| **PART 8 Date of Transfer of Ownership\*** |
| Date of Transfer of Ownership\* *(DD/MM/YYYY)* |

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| **PART 9 Other Details** |
| Details of Transfer of Ownership to be Registered *(e.g. Type of Transfer, Percentage/Extent of Interest being Transferred)* |  |

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| **PART 10 Contact Details\*** |
| *Note:*1. *Where an agent with UEN is appointed, the fields for “Representation Type”, "Agent UEN/ Company Code", "Agent Name" and "Address for Service in Singapore" should be completed. For non-agent individual or entities, the sub-fields “Representative or C/O Name” and "Address for Service in Singapore" should be completed instead.*
2. *For Agents: Select* ***Option A*** *if you are appointed as the agent to receive official correspondence pertaining to all matters (including renewal, if applicable) relating to application, registration or grant, except those matters expressly excluded on the Register. Otherwise, select* ***Option B*** *if you are only representing the interested parties for transfer of ownership only and not for other matters.*
3. *For Non-Agents: Select* ***Option A*** *if you wish to receive all official correspondence for all matters (including renewal, if applicable) relating to application, registration or grant, except those matters expressly excluded on the Register, following the approval of this recordal of the transfer of ownership. Otherwise, select* ***Option B*** *if you wish to receive official correspondence pertaining only to this recordal of transfer of ownership. Complete* ***Annex B*** *if* ***Option B*** *is selected.*

**The Address for Service as indicated in this part will be for the following matter:** |
| *(indicate Option A or B)* |  | **Option A:** For all matters (including renewal, if applicable) relating to the application, registration or grant, except those matters expressly excluded on the Register |  | **Option B:** For Transfer of Ownership only*(Please also complete Annex B if Option B is selected)* |
| Representation Type *(cross the checkbox if this form is filed by an agent)* |  | Agent |
| Agent UEN/ Company Code *(if applicable)* |

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| Agent Name*(mandatory for agent)* |  |
| Representative or C/O Name *(if applicable)* |  |
|  | Address for Service in Singapore |
|  | Block/ House No. |

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|  | Building Name |  |
|  | Postal Code |

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| Contact Person |  |
| Direct Telephone No.*(for contact purposes in case of query relating to this form)* |

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| Email Address*(for contact purposes in case of query relating to this form)* |  |
| **PART 11 Validation/ Supporting Documents\*** |
| Validation/ Supporting Documents\**(Note: Cross only one checkbox)* |  | This application is validated and signed by or on behalf of all relevant parties.*(If this checkbox is selected, please fill in Part 11A & 11B if applicable).* *For partial transfer (trade marks), please fill in Part 11A and Annex A.* |
|  |  | A copy of the documentary evidence establishing the transaction is attached. |
| **Signature for Authorising the Transfer of Ownership** |
| *Note: Fill in this part only if the first checkbox of Part 11 is selected.*  |
| 11A. Name |  |
| Signature of Current Applicant/ Proprietor *(or his representative if so authorised)* |  |
| Official Capacity of Signatory |  |
| Date *(DD/MM/YYYY)* |

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| *Note: Partial transfer (trade marks) - Please ignore this portion (Part 11B) and fill up the corresponding boxes (i.e. Part 3) of Annex A instead.* |
| 11B. Name |  |
| Signature of Subsequent Applicant/ Proprietor *(or his representative if so authorised)* |  |
| Official Capacity of Signatory |  |
| Date *(DD/MM/YYYY)* |

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| **PART 12 Declaration\*** |
| Declaration*(\*\* delete where necessary)* | **By Person Filing the Form** |
| I, the undersigned, do hereby declare that the information furnished above on behalf of the current applicant/proprietor/ subsequent applicant/proprietor\*\* is true to the best of my knowledge. |
|  | **By Agent** |
| I, the undersigned, do hereby declare that:1. I have been duly authorised to act as an agent on behalf of the current applicant/proprietor/ subsequent applicant/proprietor\*\*.
2. The information furnished above on behalf of the current applicant/proprietor/ subsequent applicant/proprietor\*\* is true to the best of the person(s)' knowledge.
 |
| Name |  |
| Signature |  |
| Date *(DD/MM/YYYY)* |

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| No. of Extra Sheets Attached to this Form |  | sheet(s) |

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| **ANNEX A Continuation Sheet for Part 7 *(for Partial Transfer of Ownership of Trade Marks)*****PART 1 Details to be Recorded of Subsequent Applicant/ Proprietor 1** |
| *Note: (1) Subsequent Applicant/ Proprietor 1 here refers to:* *(a) Current registered proprietor/ applicant in a situation where current applicant/ proprietor retains ownership of trademark in relation to part of the goods/ services/ rights; or**(b) One of the subsequent applicant/ proprietors where current applicant/ proprietor has divested all his rights in the trademark to different parties and does not retain any ownership of the trademark.* *(2) If Subsequent Applicant/ Proprietor 1 is the current applicant/ proprietor, you need not fill in this portion.* |
| UEN/ Company Code *(if applicable)* |

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| Name |  |
| Address | Singapore Address |
|  |  | This Singapore address is to be used as the address for service for the purposes of this form.*(Note: If this is crossed, it is not necessary to fill up the address for service in Singapore in Part 10.)* |
|  | Block/ House No. |

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|  | Street Name |  |
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|  | Building Name |  |
|  | Postal Code |

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|  | Foreign Address |
|  | Line 1 |  |
|  | Line 2 |  |
|  | Line 3 |  |
| Nationality or Country of Incorporation\* |  |
| State of Incorporation *(mandatory for USA corporations)* |  |
| Country of Residency*(mandatory for individuals)* |  |
| Sole Proprietor’s or Partners' Name(s) *(if sole proprietorship or partnership)* |  |

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| **ANNEX A** **PART 1A Details of Goods/ Services/ Rights to be transferred to/ retained by Subsequent Applicant/ Proprietor 1** |
| *Note: If the space provided is insufficient, please continue on separate sheets.* |
|  | All goods/services claimed in the following Trade Mark No. and Class No. |
| Trade Mark No. |

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 |
| Description of Rights Transferred *(optional)* |  |
|  | The following goods/services/rights only |
| Trade Mark No. |

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| Class No. |  |
| Specification of Goods/ Services/ Rights |  |
| Class No. |  |
| Specification of Goods/ Services/ Rights |  |
| **ANNEX A** **PART 2 Details to be Recorded of Subsequent Applicant/ Proprietor 2** |
| *Note: Where there are more than 2 subsequent applicants/proprietors, please provide the corresponding particulars for the other subsequent applicants/proprietors in an attached sheet.* |
| UEN/ Company Code *(if applicable)* |

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| Name |  |
| Address | Singapore Address |
|  |  | This Singapore address is to be used as the address for service for the purposes of this form.*(Note: If this is crossed, it is not necessary to fill up the address for service in Singapore in Part 10.)* |
|  | Block/ House No. |

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|  | Street Name |  |
|  | Level - Unit |

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|  | Building Name |  |
|  | Postal Code |

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|  | Foreign Address |
|  | Line 1 |  |
|  | Line 2 |  |
|  | Line 3 |  |
| Nationality or Country of Incorporation\* |  |
| State of Incorporation *(mandatory for USA corporations)* |  |
| Country of Residency*(mandatory for individuals)* |  |
| Sole Proprietor’s or Partners' Name(s) *(if sole proprietorship or partnership)* |  |

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| **ANNEX A** **PART 2A Details of Goods/ Services/ Rights to be transferred to or retained by Subsequent Applicant/ Proprietor 2** |
| *Note: If the space provided is insufficient, please continue on separate sheets.* |
|  | All goods/services claimed in the following Trade Mark No. and Class No. |
| Trade Mark No. |

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| Description of Rights Transferred *(optional)* |  |
|  | The following goods/ services/ rights only |
| Trade Mark No. |

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| Class No. |  |
| Specification of Goods/ Services/ Rights |  |
| Class No. |  |
| Specification of Goods/ Services/ Rights |  |

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| **ANNEX A****PART 3 Signature for Authorising the Transfer of Ownership** |
| 3A. Name |  |
| Signature of Subsequent Applicant/ Proprietor 1 *(or his representative if so authorised)* |  |
| Official Capacity of Signatory |  |
| Date *(DD/MM/YYYY)* |

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| 3B. Name |  |
| Signature of Subsequent Applicant/ Proprietor 2 *(or his representative if so authorised)* |  |
| Official Capacity of Signatory |  |
| Date *(DD/MM/YYYY)* |

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| **ANNEX B Contact Details For The Subsequent Applicant / Proprietor** |
| *Note:*1. *Fill this part ONLY if Option B of Part 10 is selected.*
2. *If Option ‘1’ is selected, you are not required to fill in the other fields in this Annex. When Option ‘2’ is selected, where an agent with UEN is appointed, the fields for “Representation Type”, "Agent UEN/ Company Code", "Agent Name" and "Address for Service in Singapore" should be completed. For non-agent individual or entities, the sub-fields “Representative or C/O Name” and "Address for Service in Singapore" should be completed instead.*
 |
| Contact Details for the Subsequent Applicant/Proprietor*(select either Option ‘1’’ or ‘2’)* |  | **Option ‘1’:** The address for service of the subsequent applicant/proprietor for all matters (including renewal, if applicable) relating to the application, registration or grant (except those matters expressly excluded on the Register) **remains unchanged.** Correspondence pertaining to the aforesaid matters will continue to be sent to the current address for service on record (or via IP2SG, if applicable).**Option ‘2’:** The address for service of the subsequent applicant/proprietor for all matters (including renewal, if applicable) relating to the application, registration or grant (except those matters expressly excluded on the Register) **is to be substituted with the new contact details as provided below**. |
| *Note: Complete the following fields below if Option ‘2’ is selected.* |
| Representation Type*(cross the checkbox if this**form is filed by an agent)* |  | Agent |
| Agent UEN/ Company Code *(if applicable)* |

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| Agent Name*(mandatory for agent)* |  |
| Representative or C/O Name *(if applicable)* |  |
|  | Address for Service in Singapore |
|  | Block/ House No. |

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|  | Street Name |  |
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|  | Postal Code |

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| Contact Person |  |
| Direct Telephone No.*(for contact purposes in case of query relating to this form)* |

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 |
| Email Address*(for contact purposes in case of query relating to this form)* |  |
| **GST** | **GST INFORMATION** |
|  |
| **Details of Requestor** |
| *Note:*If the requestor(s) is/are the current proprietor or subsequent proprietor (as in Part 4 and 5 above), this part is to be left empty.  |
| Name of Requestor*(if the requestor is not the current proprietor or subsequent proprietor, please insert the name of the requestor)* |  |
| Local/Foreign Address*(to include block no., unit-level no., street name and postal code)* |   |
| Country of Incorporation *(mandatory for corporations)* |  |
| State of Incorporation *(mandatory for USA corporations)* |  |
| Country of Residency*(mandatory for individuals)* |  |

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| **Tax Invoice\*** |
| *Note:**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.* |
| Name(Tax invoice to be issued to) | *The name of the requestor (as in Part 4 or Part 5 or “Name of Requestor” indicated in the above section on “GST Information”) should be inserted in this field.* |