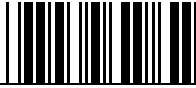


SINGAPORE TRADE MARKS ACT / PATENTS ACT / REGISTERED DESIGNS ACT
 (CHAPTER 332 / 221 / 266)
 TRADE MARKS RULES / PATENT RULES / REGISTERED DESIGNS RULES

| | |
|-----------------|--|
| FORM CM4 | Request for Correction of Error |
|-----------------|--|



Pre-requisites:

- a. Where the correction relates to specification of a patent or an application for a patent, the page(s) of specification with proposed correction is to be attached to this form for submission.
- b. To provide supporting document to justify the correction.

Estimated Time:

This form may take approximately 2 - 7 minutes to complete.

General:

- a. * denotes mandatory field.
- b. If you are not the agent on record for the form to be corrected, please file CM1.
- c. Please file one form for each IP type (i.e. only Trade Marks, Designs or Patents).
- d. This form is not applicable to correct errors made in all hearings and mediation related matters and all WIPO forms.
- e. The fees payable is based on per form.
- f. If the correction relates to more than one application number, the correction must be the same for all the application numbers.
- g. 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 | |
| IPOS Reference (if applicable) | |

PART 2 Application No.*

Note:

- a. Application number refers to Designs Number / Patent Application Number/ Trade Marks Number.
- b. International Registration No. and International Application No. are applicable to Trade Marks only.
- c. You may indicate more than one application number if the option "Correction of Form" in Part 5 is selected and that form contained more than one application number.
- d. All the numbers listed below must belong to the same applicant/ proprietor indicated in Part 3.
- e. If there is insufficient space, please use the continuation sheet CS 3.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Application No./ International Application No./ International Registration No.* | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td></tr> <tr><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td></tr> <tr><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td><td style="width: 12.5%; border: 1px solid black; height: 25px;"></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PART 3 Name of Applicant/ Proprietor*

Note: If there is insufficient space, please use the continuation sheet in CS 4.

| | |
|--------------------------------------|--|
| UEN/ Company Code (if applicable) | |
| Name | |

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>Sole Proprietor or Partners' Name (if sole proprietorship or partnership)</p> | <div style="border: 1px solid black; height: 40px;"></div> | | | | | | | | | | | | | | | | | | | | |
| PART 4 Details of Person Filing the Request* | | | | | | | | | | | | | | | | | | | | | |
| <p><i>Note: If the person(s) filing this request is/are the proprietor(s) mentioned in part 3 above, this part is to be left empty. If there is insufficient space, please use the continuation sheet CS 1.</i></p> | | | | | | | | | | | | | | | | | | | | | |
| <p>UEN/ Company Code (if applicable)</p> | <div style="border: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <div style="width: 100%; text-align: center;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> </div> <p>Name</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| <p>Address</p> | <p>Singapore Address</p> <p><input type="checkbox"/> This Singapore address is to be used as the address for service for the purposes of this form. <i>(Note: If this is crossed, it is not necessary to fill up the address for service in Singapore in part 8.)</i></p> <p>Block/ House No. <input style="width: 100px;" type="text"/></p> <p>Street Name <input style="width: 300px;" type="text"/></p> <p>Level - Unit <input style="width: 50px;" type="text"/> - <input style="width: 100px;" type="text"/></p> <p>Building Name <input style="width: 300px;" type="text"/></p> <p>Postal Code <input style="width: 100px;" type="text"/></p> | | | | | | | | | | | | | | | | | | | | |
| | <p>Foreign Address</p> <p>Line 1 <input style="width: 300px;" type="text"/></p> <p>Line 2 <input style="width: 300px;" type="text"/></p> <p>Line 3 <input style="width: 300px;" type="text"/></p> | | | | | | | | | | | | | | | | | | | | |
| <p>Nationality or Country of Incorporation*</p> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>State of Incorporation (mandatory for USA corporations)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Country of Residency (mandatory for individuals)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | |

| | |
|---|--|
| Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i> | |
|---|--|

PART 5 Correction Type*

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| Correction Type* <i>(Note: For Patents, you may select more than one correction type. For Trade Marks and Designs, select one correction type only.)</i> | <input type="checkbox"/> Correction of Form Lodged <div style="margin-left: 100px;">Form No. <input style="width: 150px;" type="text"/></div> <div style="margin-left: 100px;">Form Lodgement Date (DD/MM/YYYY) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px; border: 1px solid black; border-bottom: none;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px; border: 1px solid black; border-bottom: none;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table> </div> | | | | | | | | | | |
| | | | | | | | | | | | |
| | <input type="checkbox"/> Correction of Register of Patents or Designs | | | | | | | | | | |
| | <input type="checkbox"/> Correction of Specification of a Patent or of an Application for a Patent | | | | | | | | | | |
| | <input type="checkbox"/> Correction of any other documents filed in connection with the Patent or an Application for a Patent | | | | | | | | | | |

PART 6 Details of Correction*

Note: For Trade Marks, please state the affected class if the correction does not apply to all classes in the application. For Patents, where the request for correction relates to a specification, please indicate the page number and the document of the replacement text/figure and the text/figure to be replaced. Please also explain why the correction sought is obvious in the sense that it is immediately evident that nothing else would have been intended than what is offered as the correction.

| | |
|-------------------------------|--|
| Details of Correction* | |
|-------------------------------|--|

PART 7 Reasons for Correction*

Reasons for Correction*
(please provide supporting documents, if applicable)

PART 8 Contact Details*

Note:

- a. Where an agent with UEN is appointed, the fields for "Agent UEN/ Company Code", "Agent Name" and "Address for Service in Singapore" should be completed. Where an individual or an agent without UEN is appointed, the sub-field "Representative or C/O Name" and "Address for Service in Singapore" should be completed instead.
- b. The address for service in Singapore need not be filled up if the person's address in Part 4 is to be used as an address for service in Singapore.
- c. The official correspondence will be sent to the address for service in Singapore as indicated in this box, and must be the same as the one on our record.
- d. Please file Form CM1 if you are a different agent or Form CM2 if you have changed your address for service in Singapore.

Agent UEN/ Company Code

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Agent Name

Representative or C/O Name

Address for Service in Singapore

Block/ House No.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Street Name

Level - Unit

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|--|--|--|--|
| | | | | | | - | | | | | | | |
|--|--|--|--|--|--|---|--|--|--|--|--|--|--|

Building Name

Postal Code

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>Contact Person <i>(if applicable)</i></p> | | | | | | | | | | | | | |
| <p>Direct Telephone No. <i>(if applicable)</i></p> | <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| <p>Email Address <i>(if applicable)</i></p> | | | | | | | | | | | | | |

PART 9 Declaration*

| | |
|--------------------|---|
| <p>Declaration</p> | <p><u>By Person Filing the Form</u></p> <p>I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge. I understand that I may be liable for criminal prosecution for providing any false information in this application.</p> <p><u>By Agent</u></p> <p>I, the undersigned, do hereby declare that :</p> <p>i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.</p> <p>ii. The information furnished above on behalf of the person(s) filing this form is true to the best of the person(s)' knowledge. I understand that I may be liable for criminal prosecution for providing any false information in this application.</p> |
|--------------------|---|

| | | | | | | | | | | | | | |
|-------------------------------------|--|---|--|---|--|--|--|--|--|--|--|--|--|
| <p>Name</p> | | | | | | | | | | | | | |
| <p>Signature</p> | | | | | | | | | | | | | |
| <p>Date <i>(DD/MM/YYYY)</i></p> | <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | / | | | | | | | | | |
| | | / | | | | | | | | | | | |

| | | |
|--|--|-----------------|
| <p>No. of Extra Sheets Attached to this Form</p> | | <p>sheet(s)</p> |
|--|--|-----------------|

| GST | GST INFORMATION |
|---|--|
| Tax Invoice* | |
| <p><u>Note:</u> 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.</p> | |
| <p>Name (Tax invoice to be issued to)</p> | <p><i>The name of the proprietor/applicant (as in Part 3 of the form) should be inserted in this field if it pertains to a request for Correction of Error in Specification for Patents. Otherwise, please insert the name of the requestor (as in Part 4 of the form).</i></p> <div data-bbox="545 616 1359 728" style="border: 1px solid black; height: 50px; width: 100%;"></div> |