


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

FORM CM9 	Request for Withdrawal of Application								
<i>Estimated Time:</i> <i>This form may take approximately 3 - 5 minutes to complete.</i>									
<i>General:</i> <i>a. * denotes mandatory field.</i> <i>b. 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.</i>									
PART 1 Reference									
Applicant/ Agent Reference	<input style="width: 100%;" type="text"/>								
IPOS Reference (if applicable)	<input style="width: 100%;" type="text"/>								
PART 2 Details of Application to be Withdrawn									
<i>Note:</i> <i>a. Application number refers to Designs Number / Patent Application Number/ Trade Marks Number.</i> <i>b. International Application No. is applicable to Trade Marks only.</i>									
Application No./ International Application No.*	<input style="width: 100%; height: 25px;" type="text"/>								
Trade Marks Full Class(es) to be Withdrawn (for Trade Marks Applications only)	<table border="1" style="width: 100%; text-align: center;"><tr><td><input style="width: 25px; height: 25px;" type="text"/></td><td><input style="width: 25px; height: 25px;" type="text"/></td><td><input style="width: 25px; height: 25px;" type="text"/></td><td><input style="width: 25px; height: 25px;" type="text"/></td><td><input style="width: 25px; height: 25px;" type="text"/></td><td><input style="width: 25px; height: 25px;" type="text"/></td><td><input style="width: 25px; height: 25px;" type="text"/></td><td><input style="width: 25px; height: 25px;" type="text"/></td></tr></table>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>	<input style="width: 25px; height: 25px;" type="text"/>
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Specification of goods/services to be withdrawn (for Trade Marks International Applications only)	<input style="width: 100%; height: 60px;" type="text"/>								
PART 3 Name of Applicant*									
<i>Note : If there is insufficient space, please use the continuation sheet CS 4.</i>									
UEN/ Company Code (if applicable)	<input style="width: 100%; height: 25px;" type="text"/>								
Name	<input style="width: 100%; height: 45px;" type="text"/>								
Sole Proprietor or Partners' Name (if sole proprietorship or partnership)	<input style="width: 100%; height: 45px;" type="text"/>								

PART 4 Contact Details***Note:**

- c. 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.
- d. 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.
- e. 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

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Agent Name

Representative or C/O Name

Address for Service in Singapore

Block/ House No.

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Street Name

Level - Unit

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Building Name

Postal Code

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Contact Person
*(if applicable)*Direct Telephone No.
(if applicable)

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Email Address
*(if applicable)***PART 5 Declaration***

Declaration

By Person Filing the Form

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.

By Agent

I, the undersigned, do hereby declare that :

- i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.
- 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>Name</p> <p>Signature</p> <p>Date (DD/MM/YYYY)</p>	<input data-bbox="552 109 1364 170" type="text"/> <input data-bbox="552 212 991 327" type="text"/> <input data-bbox="552 360 935 423" type="text"/>
<p>No. of Extra Sheets Attached to this Form</p>	<input data-bbox="552 472 750 535" type="text"/> sheet(s)