 **SINGAPORE PATENTS ACT (CHAPTER 221)
 PATENTS (PATENT AGENTS) RULES 2001
 RULE 10B, 10C**

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| **PATENT AGENT****FORM H** | **APPLICATION FOR REGISTRATION AS A FOREIGN PATENT AGENT / APPLICATION FOR RENEWAL OF REGISTRATION AS A FOREIGN PATENT AGENT** |
| **NOTES:**1. You should refer to the Patents (Patent Agents) Rules 2001 when preparing this application.
2. Any fee paid is non-refundable.
3. All sections are to be completed unless otherwise indicated. If the space provided in the form is insufficient, additional information should be attached in separate sheet(s).
4. The **original signed** copy of this Form should be submitted.
5. You should refer to the checklist of supporting documents required. Certified true copies should be certified by the notary public, advocate or solicitor.
6. The Registrar may require the applicant to furnish, within a specified period, such further evidence or information as the Registrar considers necessary for the purposes of the application.
7. When completed, submit the form together with attachments, supporting documents and filing fee to the Intellectual Property Office of Singapore, 1 Paya Lebar Link, #11-03 PLQ1, Paya Lebar Quarter,

Singapore 408533.1. If providing information of qualification in more than one country or jurisdiction, only the country(ies) or jurisdiction(s) for which satisfactory supporting documents and information have been provided will be published on the register of foreign patent agents.
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| This application is made in accordance with (Tick √ only one)RULE 10B – APPLICATION FOR REGISTRATION AS A FOREIGN PATENT AGENT [ ] Complete all sections.RULE 10C – APPLICATION FOR RENEWAL OF REGISTRATION AS A FOREIGN PATENT AGENT [ ] Complete sections 1, 2, 3, 8, 9 and 10. |
| 1. **APPLICANT INFORMATION**
 |
|  Title: Choose an item. | Full Name (as in NRIC, Passport or Employment Pass issued under the Immigration Act) (Surname in CAPS):Click or tap here to enter text. |
| Date of birth:Click or tap here to enter text. | Gender:Click or tap here to enter text. | Place of Birth: Click or tap here to enter text. |
| IPOS Ref No. (if applicable):Click or tap here to enter text. | Are you a Singapore Registered Patent Agent? [ ]  Yes | [ ]  No |
| [ ]  Singapore citizen [ ]  Singapore permanent  residentIdentity card no.:Click or tap here to enter text. | [ ]  Singapore Employment PassType of Pass:Click or tap here to enter text.Employment Pass no.:Click or tap here to enter text.Date of issue:Click or tap to enter a date.Date of expiry:Click or tap to enter a date. | Citizenship:Click or tap here to enter text.Country of citizenship:Click or tap here to enter text.Passport no.:Click or tap here to enter text. |
| Singapore residential address:Click or tap here to enter text.Telephone no.: +65 Click or tap here to enter text. | E-mail address:Click or tap here to enter text. |
| 1. **RESIDENCY IN SINGAPORE**
 |
| Resident in Singapore: [ ]  Yes | [ ]  No |
| 1. **PRACTICE INFORMATION IN SINGAPORE**
 |
| Name of practice/ business/ employer in Singapore: Click or tap here to enter text. |
| Practice address:Click or tap here to enter text. | Date of commencement: Click or tap to enter a date. |
| Phone: +65 Click or tap here to enter text. | E-mail:Click or tap here to enter text. | For renewal applicants only. State whether this is the same as that on record with IPOS.  [ ]  Yes | [ ]  No  |

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| 1. **REGISTRATION WITH FOREIGN PATENT OFFICE/ PROFESSIONAL ACCREDITATION BODY/REGULATORY BODY (RULE 10B ONLY)**
 |
| State manner in which Rule 10A(b) is fulfilled:I am registered as a patent agent or patent attorney with a patent office (other than the Registry) / a professional accreditation body / a regulatory body for patent agents or patent attorneys in country (ies) or jurisdiction(s) other than Singapore.If registered in more than one country/jurisdiction, please state in chronological order of registration. Please attach additional sheets as required if there is insufficient space in this sheet.)

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| Country: Click or tap here to enter text. | Date attained: Click or tap to enter a date. |
| Registration with a Choose an item. |

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| Country: Click or tap here to enter text. | Date attained: Click or tap to enter a date. |
| Registration with a Choose an item. |

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| 1. **FOREIGN PRACTICE EXPERIENCE (OPTIONAL)**
 |
| I have carried on a business, practice or act as a patent agent or patent attorney in the following country (ies) or jurisdiction(s).

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| Country *(Please complete a new sheet for each country/jurisdiction in chronological order of your foreign practice experience. Please attach additional sheets as required if there is insufficient space in**this sheet.*):Click or tap here to enter text. |
| Name of *entity*: Click or tap here to enter text.Address: Click or tap here to enter text.Email: Click or tap here to enter text.Contact no.: Click or tap here to enter text. |
| Supervising Partner: Click or tap here to enter text.Email: Click or tap here to enter text.Contact No.: Click or tap here to enter text. | Duration of Work:Click or tap here to enter text. |
| List of Patent Applications drafted and filed under your name:Click or tap here to enter text. | Type of Patent work done:Click or tap here to enter text. |

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| 1. **CERTIFICATE OF GOOD STANDING (RULE 10B ONLY)**
 |
| Certificate issued by (If you have stated more than one patent office (other than the Registry), professional accreditation body or regulatory body, please provide Certificates for each country listed):Click or tap here to enter text. | Date of issue:Click or tap to enter a date. |

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| 1. **CERTIFICATES OF GOOD CHARACTER (RULE 10B ONLY)**
 |
|  Name of Declarant: Click or tap here to enter text. |
| Name of Declarant: Click or tap here to enter text. |
| 1. **PROFESSIONAL INDEMNITY**
 |
| Name of Insurer:Click or tap here to enter text. | Date of Issue: Click or tap to enter a date. |
| Period of Insurance: Click or tap here to enter text. |

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| 1. **DECLARATION**
 |
| I am a resident in Singapore. |  [ ]  Yes | [ ]  No |
| I have not been convicted of an offence under the Act and have not been convicted or guilty of any of the matters referred to in Rule 17(1)(a) to (g) for which I have not already been dealt with under Part III of the Patents (Patent Agents) Rules 2001. |   [ ]  Yes | [ ]  No |
| I continue to meet the requirements of these Rules by virtue of which I was registered as a foreign patent agent. |  [ ]  Yes | [ ]  No |
| I have ensured that the professional indemnity insurance referred to in Rule 10B(1)(e) or 10C(1) has been obtained. |  [ ]  Yes | [ ]  No |
| I undertake to ensure that the professional indemnity insurance referred to in Rule 10B(1)(e) or 10C(1) that has been obtained will be maintained in force at all times during the practice year in question and where the insurance that has been obtained is due to expire before the end of the practice year, I will ensure that the insurance is renewed before such expiry. |  [ ]  Yes | [ ]  No |
| I declare that the particulars (and all the documents attached) in this application and any subsequent document(s) and information provided in support of this application are true and correct to the best of my knowledge and belief, and I have not wilfully suppressed any material fact. |  [ ]  Yes | [ ]  No |

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| 1. **SIGNATURE**
 |
|   Signature of applicant |  Click or tap to enter a date. Date |

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| **CHECKLIST OF DOCUMENTS/FEE ENCLOSED** |
| 1. Form H and where space provided is insufficient, additional sheets/attachments, if any
 |[ ]
| 1. Filing fee
 |[ ]
| 1. Certified true copy of NRIC/Passport/Employment Pass issued under the Immigration Act.
 |[ ]
| 1. Certified true copy of Certificate(s) / other supporting documents indicating the following.

 Registration as a patent agent or patent attorney with a foreign patent office / a  professional accreditation body / a regulatory body for patent agents or patent attorneys  in any country (ies) or jurisdiction(s) other than Singapore. | [ ]  |
| 1. Original Certificate(s) of Good Standing from each foreign country or jurisdiction listed.
 |[ ]
| 1. 2 original sets of Form B (Certificates of Good Character).
 |[ ]
| 1. Certified true copy of Professional Indemnity Insurance
 |  |
| 1. Others (OPTIONAL)

 E.g.: - Supporting statement(s) / document(s) showing that you have carried on a business /  practiced / acted as a patent agent or patent attorney in each foreign country or jurisdiction listed. - Name of the practice, full name and contact particulars of the managing or supervising  supervisor(s); - Description of work responsibilities/ duties, experience, duration of practice; - List of patent documents prepared and filed in your name or samples of patent  documents prepared by yourself, verified by the managing or supervising partner and signed in their professional capacity. |[ ]

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| **FOR OFFICIAL USE** |
| THIS APPLICATION IS/IS NOT SUBMITTED WITH THE APPLICABLE FEE AS STATED IN THE FIRST SCHEDULE OF THE PATENTS (PATENT AGENTS) RULES 2001. |

