 **SINGAPORE PATENTS ACT (CHAPTER 221)  
 PATENTS (PATENT AGENTS) RULES 2001  
 RULE 6(3)(b)**

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| **PATENT AGENT**  **FORM I** | **CERTIFICATE OF GOOD PERFORMANCE** | |
| **NOTES:**   1. 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). 2. The **original signed** copy of this Form should be submitted. 3. 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. 4. 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. **DECLARANT INFORMATION**   **[Individual signing this certificate of good performance must be at least a Director at the organization where the Examiner was employed at]** | | |
| 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. | |
| Name and Address of Business: Click or tap here to enter text. | | |
| Occupation / Position in Business: Click or tap here to enter text. | | |
| Office telephone no.: Click or tap here to enter text. | | Office fax no.: Click or tap here to enter text. |
| Singapore residential address:  Click or tap here to enter text.  Residential telephone no.:  +65 Click or tap here to enter text. | | E-mail address:  Click or tap here to enter text. |
| 1. **STATEMENT OF GOOD PERFORMANCE** | | |
| I, the undersigned, certify that Click or tap here to enter text. has been known to me personally for  upwards of Click or tap here to enter text. years past. I have had the following opportunities of judging  his/her work performance as an Examiner, that is to say:  Click or tap here to enter text.  I certify him/her to be a person who is proficient in his/her work as an Examiner. | | |
| 1. **DECLARATION** | | |
| I, the undersigned, hereby declare that the particulars in this form are true and correct to the best of my  knowledge and belief, and I have not wilfully suppressed any material fact.  I confirm that:   * I am not immediately related to the applicant mentioned in paragraph 2 above; * I have known the applicant for at least 12 months and have had the opportunities to judge his/her work performance. | | |

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

