


**SINGAPORE REGISTERED DESIGNS ACT (CHAPTER 266)
REGISTERED DESIGNS RULES**

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| FORM D8  *4005* | Application for Extension of Period of Registration/ Application for Restoration of Registration Removed from the Register |
| <p><u>Pre-requisites:</u></p> <p>a. This form can be lodged to apply for the extension of period of registration of a design or for the restoration of registration of a design removed from the register.</p> <p>b. The extension for the third and fourth periods of 5 years are only applicable to designs originally registered in the United Kingdom and which have been extended in Singapore.</p> <p><u>Estimated Time:</u> This form may take approximately 3 - 5 minutes to complete.</p> <p><u>General</u></p> <p>a. * denotes mandatory field.</p> | |
| PART 1 Reference | |
| Applicant/ Agent Reference | <input type="text"/> |
| IPOS Reference (if applicable) | <input type="text"/> |
| PART 2 Application No.* | |
| Design No.* | <input type="text"/> |
| PART 3 Name of Registered Owner* | |
| <i>Note: If there is insufficient space, please use the continuation sheet CS 4.</i> | |
| UEN/ Company Code (if applicable) | <input type="text"/> |
| Name | <input type="text"/> |
| Sole Proprietor or Partners' Name (if sole proprietorship or partnership) | <input type="text"/> |
| PART 4 Current Renewal Date* | |
| State the Current Renewal Due Date (DD/MM/YYYY) | <input type="text"/> |
| PART 5 Period of Extension* | |
| Please state the Period of Extension (Cross one of the options) | <input type="checkbox"/> 1 st period of extension <input type="checkbox"/> 2 nd period of extension <input type="checkbox"/> 3 rd period of extension |

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| | <input type="checkbox"/> 4 th period of extension | | | | | | | | | | | | | | | | | | | | | | | | |
| PART 6 Contact Details* | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p><u>Note:</u></p> <p>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.</p> <p>b. For the purpose of renewal and/or restoration, the official correspondence will be sent to the address for service in Singapore as indicated in this box.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agent UEN/ Company Code Agent Name | <table border="1"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td colspan="12"><input type="text"/></td> </tr> </table> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | |
| <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Representative or C/O Name | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| | Address for Service in Singapore Block/ House No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Street Name <input type="text"/> Level - Unit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Building Name <input type="text"/> Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Person <i>(if applicable)</i> Direct Telephone No. <i>(if applicable)</i> Email Address <i>(if applicable)</i> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| PART 7 Declaration* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Declaration | <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</p> | | | | | | | | | | | | | | | | | | | | | | | | |

understand that I may be liable for criminal prosecution for providing any false information in this application.

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| <p>Name</p> <p>Signature</p> <p>Date (DD/MM/YYYY)</p> | <input data-bbox="552 165 1366 228" type="text"/> <input data-bbox="552 268 992 385" type="text"/> <table border="1" data-bbox="552 416 935 479"><tr><td></td><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table> | | | | / | | | / | | | | |
| | | | / | | | / | | | | | | |
| <p>No. of Extra Sheets Attached to this Form</p> | <input data-bbox="552 528 750 591" type="text"/> sheet(s) | | | | | | | | | | | |

| GST | GST INFORMATION |
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| Tax Invoice* | |
| <p><i>Note:</i> 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> | |
| Name (Tax invoice to be issued to) | <p>The name of the Registered Owner (as in PART 3 of this form) is to be indicated in this field.</p> <div data-bbox="544 622 1358 736" style="border: 1px solid black; height: 50px; width: 100%;"></div> |