**SINGAPORE PATENTS ACT / REGISTERED DESIGNS ACT**

**(CHAPTER 332 / 221 / 266)**

PATENT RULES / REGISTERED DESIGNS RULES

|  |  |
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| **FORM CM10** | **Request for File Inspection** |
|  |
| *Estimated Time:*  *This form may take approximately 3 - 5 minutes to complete.*  *General:*   1. *\* denotes mandatory field.* 2. *For Patents, attention is drawn to section 104 and 105 of the Patents Act, rules 90 and 105 of the Patents Rules, and the Patents (Patent Agent) Rules 2021.* | |
| **PART 1 Reference** | |
| My Reference |  |
| **PART 2 Application No.\*** | |
| *Note:*  *Application No. refers to Designs Number or Patent Application Number.* | |
| Application No.\* | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **PART 3 Name of Applicant/ Proprietor\*** | |
| *Note : If there is insufficient space, please use the continuation sheet CS in the Annex.* | |
| UEN/ Entity Code  *(if applicable)* | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |
| Name |  |
| Sole Proprietor’s or Partners' Name(s)  *(if sole proprietorship or partnership)* |  |

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| **PART 4 Type of Requestor \*** | | | |
| Type of Requestor  *(Note: Cross one checkbox only.)* |  | Applicant | |
|  | Agent | |
|  | Third Party | |
| **PART 5 Contact Details/Address for Service\*** | | | |
| *Note:*  *Please fill in your IPOS Digital Hub Account Address* | | | |
| UEN/Entity Code | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  | | | |
| Agent/Representative Name  *(if applicable)* |  | | |
| C/O Name  *(if applicable)* |  | | |
|  | Address for Service in Singapore | | |
|  | Block No. | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |
|  | Street Name | |  |
|  | Level No. | | |  |  |  | | --- | --- | --- | |  |  |  | |
|  | Unit No. | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |
|  | Building Name | |  |
|  | Additional Building Information | |  |
|  | Postal Code | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| Contact Person |  | | |
| Direct Telephone No. | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | | |
| Email Address |  | | |

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| **PART 6 Declaration\*** | | |
| Declaration  *(\*\* delete where necessary)* | **By Person Filing the Form** | |
| I do hereby declare that the information furnished on behalf of the assignor/assignee\*\* 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 do hereby declare that:   1. I have been duly authorised to act as an agent/representative, for the purpose of this application, on behalf of the relevant parties. 2. The information furnished on behalf of the relevant parties 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. | |
| Name |  | |
| Signature |  | |
| Date  *(DD/MM/YYYY)* | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | |
| No. of Extra Sheets Attached to this Form |  | sheet(s) |

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| --- | --- | --- |
| **ANNEX A Continuation Sheet for Part 3** | | |
| UEN/ Entity Code  *(if applicable)* | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | |
| Name |  | |
| Address | Singapore Address | |
|  | Block No. | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
|  | Street Name |  |
|  | Level No. | |  |  |  | | --- | --- | --- | |  |  |  | |
|  | Unit No. | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |
|  | Building Name |  |
|  | Additional Building Information |  |
|  | Postal  Code | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
|  | Foreign Address | |
|  | Line 1 |  |
|  | Line 2 |  |
|  | Line 3 |  |
| Country/Region of Incorporation or Citizenship\* |  | |
| State of Incorporation *(mandatory for USA corporations)* |  | |
| Country/Region of Residency  *(mandatory for individuals)* |  | |
| Sole Proprietor’s or Partners' Name(s)  *(if sole proprietorship or partnership)* |  | |
| Email |  | |

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| **GST** | **GST INFORMATION** |
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| **Details of Requestor** | |
| *Note:*  If the requestor(s) is/are the current proprietor or subsequent proprietor (as in Part 4 and 5 above), this part is to be left empty. | |
| Name of Requestor  *(if the requestor is not the assignor or assignee, please insert the name of the requestor)* |  |
| Local/Foreign Address  *(to include block no., unit-level no., street name and postal code)* |  |
| Country/Region of Incorporation *(mandatory for corporations)* |  |
| State of Incorporation *(mandatory for USA corporations)* |  |
| Country/Region of Residency  *(mandatory for individuals)* |  |

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| **Tax Invoice\*** | |
| *Note:*  *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.* | |
| Name  (Tax invoice to be issued to) | *The name of the requestor (as in Part 4 or Part 5 or “Name of Requestor” indicated in the above section on “GST Information”) should be inserted in this field.* |