


<p>FORM CM12</p> 	<p>Request for Certified Copy of Entry in Register or Certified Extract from Register/ Request for Certified Document Relating to Patent or Application for Patent</p>																								
<p><u>Estimated Time:</u> This form may take approximately 9 - 13 minutes to complete.</p> <p><u>General:</u></p> <p>a. * denotes mandatory field. b. The fee for this form is payable on a per certificate basis. c. If you are not the applicant, registered proprietor or agent of the trade mark/ designs on our record, the Registrar may request for evidence to show that you have an interest in the entry, matter or thing before issuance of the certificate. d. 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.</p>																									
PART 1 Reference																									
Applicant/ Agent Reference	<input style="width: 100%; height: 20px;" type="text"/>																								
PART 2 Application No.*																									
<p><i>Note: Application number refers to Designs Number / Patents Application Number / Trade Marks Number. International Application Number is applicable to Patents only.</i></p>																									
Application No.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																								
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PART 3 Name of Applicant/ Proprietor*																									
<p><i>Note: If there is insufficient space, please use the continuation sheet CS 4.</i></p>																									
UEN/ Company Code (if applicable)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																								
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Sole Proprietor or Partners' Name (if sole proprietorship or partnership)	<input style="width: 100%; height: 40px;" type="text"/>																								
PART 4 Details of Person Filing the Request*																									
<p><i>Note: If the person(s) filing this request is/are the applicant/proprietor(s) mentioned in part 3 above, this part is to be left empty. If there is insufficient space, please use the continuation sheet CS 1.</i></p>																									
UEN/ Company Code (if applicable)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																								
Name	<input style="width: 100%; height: 40px;" type="text"/>																								

<p>Address</p>	<p>Singapore Address</p> <p><input type="checkbox"/> This Singapore address is to be used as the address for service for the purposes of this form. <i>(Note: If this is crossed, it is not necessary to fill up the address for service in Singapore in part 7.)</i></p> <p>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"/></p> <p>Street Name <input type="text"/></p> <p>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"/></p> <p>Building Name <input type="text"/></p> <p>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"/></p>
	<p>Foreign Address</p> <p>Line 1 <input type="text"/></p> <p>Line 2 <input type="text"/></p> <p>Line 3 <input type="text"/></p>
<p>Nationality or Country of Incorporation*</p> <p>State of Incorporation <i>(mandatory for USA corporations)</i></p> <p>Country of Residency <i>(mandatory for individuals)</i></p> <p>Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>PART 5 Nature of Request*</p>	
<p>Nature of Request* <i>(Note: Cross only one checkbox)</i></p>	<p>For Designs only</p> <p><input type="checkbox"/> Certified Copy from the Register</p> <hr/> <p>For Trade Marks only</p> <p><input type="checkbox"/> Certified copy of the application as it was applied for</p> <p><input type="checkbox"/> Certified copy of the application or registration as it is now</p>

	<input type="checkbox"/> Certified extract of any other entry in the Register: <i>(list the category of information from the Register which you require, e.g. licence details, assignment details, security interest etc.) as from (DD/MM/YYYY) to (DD/MM/YYYY)</i>										
	<div style="border: 1px solid black; width: 400px; height: 100px; margin: 0 auto;"></div>										
	Start Date <i>(DD/MM/YYYY)</i>										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>										
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	For Patents only										
	<input type="checkbox"/> Certificate in respect of a patents priority document under Rule 17.1(b) of the Regulations under the Patents Co-operation Treaty (For receiving Office to transmit to International Bureau)										
	<input type="checkbox"/> Certified copy of the patents international application under Rule 118										
	<input type="checkbox"/> Certified copy or extract of the following:										
	<div style="border: 1px solid black; width: 400px; height: 80px;"></div>										

PART 6 No. of Copies*

No. of Copies Required*	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>										

PART 7 Contact Details*

Note:

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.

b. The address for service in Singapore need not be filled up if the person's address in Part 4 is to be used as an address for service in Singapore.

c. The official correspondence will be sent to the address for service in Singapore as indicated in this box.

Agent UEN/ Company Code	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>										
Agent Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 500px; height: 30px;"></td> </tr> </table>										
Representative or C/O Name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 500px; height: 30px;"></td> </tr> </table>										
	Address for Service in Singapore Block/ House No.										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>										

	Street Name <input style="width: 100%;" type="text"/> Level - Unit <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> Building Name <input style="width: 100%;" type="text"/> Postal Code <input style="width: 20%;" type="text"/>
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Contact Person <i>(if applicable)</i>	<input style="width: 100%;" type="text"/>
Direct Telephone No. <i>(if applicable)</i>	<input style="width: 100%;" type="text"/>
Email Address <i>(if applicable)</i>	<input style="width: 100%;" type="text"/>

PART 8 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> <ul style="list-style-type: none"> 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.
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Name	<input style="width: 100%;" type="text"/>
Signature	<input style="width: 100%;" type="text"/>
Date <i>(DD/MM/YYYY)</i>	<input style="width: 100%;" type="text"/>

PART 9 Other Information (for Trade Marks only)

Certified extracts of the IPOS Register of Trade Marks pertaining to an international registration may not necessary tally with the International Register maintained by the International Bureau of the WIPO due to a possible time lapse in updating of their respective registers by the WIPO and IPOS. A registered proprietor may apply directly to the International Bureau of the WIPO for certified extracts from the International Register.

No. of Extra Sheets Attached to this Form	<input style="width: 50%;" type="text"/> sheet(s)
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GST	GST INFORMATION
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>	
<p>Name (Tax invoice to be issued to)</p>	<p>The name of the requestor (as in Part 4 of this form) should be inserted in this field. If Part 4 is left empty, please insert the name of the applicant (as in Part 3 of this form).</p> <div data-bbox="544 629 1358 745" style="border: 1px solid black; height: 50px; margin-top: 20px;"></div>