


**SINGAPORE TRADE MARKS ACT / REGISTERED DESIGNS ACT
(CHAPTER 332 / 266)
TRADE MARKS RULES / REGISTERED DESIGNS RULES**

<p>FORM CM13</p>  <p align="center">*1019*</p>	<p align="center">Request for Reinstatement of Rights</p>																			
<p><u>Pre-requisites:</u> a. This form is applicable only to applications with the status of "treated as withdrawn" (reinstatable)</p> <p><u>Estimated Time:</u> This form may take approximately 1 - 5 minutes to complete.</p> <p><u>General:</u> a. * denotes mandatory field. b. Please provide the IPOS reference number (where applicable) in order for us to expedite the processing of this form.</p>																				
<p>PART 1 Reference</p>																				
<p>Applicant/ Agent Reference</p> <p>IPOS Reference (if applicable)</p>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>																			
<p>PART 2 Application No.*</p>																				
<p><u>Note:</u> a. Application number refers to Designs Number / Trade Marks Number. b. International Registration No. and International Application No. are applicable to Trade Marks only. c. For the reinstatement of an action involving multiple application/registration numbers, please enter only one of the application/registration no.</p>																				
<p>Application No./ International Application No./ International Registration No.*</p>	<table border="1" style="width: 100%; height: 25px;"> <tr> <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>																			
<p>PART 3 Name of Applicant/ Registered Proprietor*</p>																				
<p><u>Note:</u> If there is insufficient space, please use the continuation sheet CS 4.</p>																				
<p>UEN/ Company Code (if applicable)</p> <p>Name</p> <p>Sole Proprietor or Partners' Name (if sole proprietorship or partnership)</p>	<table border="1" style="width: 100%; height: 25px;"> <tr> <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> <div style="border: 1px solid black; height: 45px; width: 100%;"></div> <div style="border: 1px solid black; height: 45px; width: 100%;"></div>																			
<p>PART 4 Request for Reinstatement of Rights is in relation to*</p>																				
<p>Request for Reinstatement of Rights is in relation to* (Note: Cross one checkbox only)</p>	<p><input type="checkbox"/> Application for Registration</p> <p><input type="checkbox"/> Assignment</p> <p><input type="checkbox"/> Licence (Please specify Licence Reference No.)</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>																			

	<input type="checkbox"/> Security Interest <i>(Please specify Security Interest Reference No.)</i> <input style="width: 100%;" type="text"/>
	<input type="checkbox"/> Others <i>(Please specify)</i> <input style="width: 100%;" type="text"/>

PART 5 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 official correspondence will be sent to the address for service in Singapore as indicated in this box, and must be the same as the one on our record.
c. Please file Form CM1 if you are a different agent or Form CM2 if you have changed your address for service in Singapore.

Agent UEN/ Company Code	<input style="width: 100%; height: 20px;" type="text"/>
Agent Name	<input style="width: 100%; height: 25px;" type="text"/>

Representative or C/O Name	<input style="width: 100%; height: 25px;" type="text"/>
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	Address for Service in Singapore Block/ House No. <input style="width: 100%; height: 20px;" type="text"/> Street Name <input style="width: 100%; height: 25px;" type="text"/> Level - Unit <input style="width: 100%; height: 20px;" type="text"/> - <input style="width: 100%; height: 20px;" type="text"/> Building Name <input style="width: 100%; height: 25px;" type="text"/> Postal Code <input style="width: 100%; height: 20px;" type="text"/>
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Contact Person <i>(if applicable)</i>	<input style="width: 100%; height: 25px;" type="text"/>
Direct Telephone No. <i>(if applicable)</i>	<input style="width: 100%; height: 20px;" type="text"/>
Email Address <i>(if applicable)</i>	<input style="width: 100%; height: 25px;" type="text"/>

PART 6 Declaration*

Declaration

By Person Filing the Form

I, the undersigned, do hereby declare that:

- i. The delay in responding to the Registry was unintentional.
- ii. 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.

By Agent

I, the undersigned, do hereby declare that:

- i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.
- ii. The delay in responding to the Registry was unintentional.
- iii. 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.

Please note that any action from the applicant/ proprietor which is outstanding, must be completed together with this form.

Name

Signature

Date
(DD/MM/YYYY)

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No. of Extra Sheets
Attached to this Form

sheet(s)

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><i>The name of the requestor should be inserted in this field. If the requestor is also the applicant/proprietor on record, please insert the name of the applicant/proprietor (as in Part 3 of this form).</i></p> <div data-bbox="544 629 1358 745" style="border: 1px solid black; height: 50px; width: 100%;"></div>