


<p>FORM CM3</p> 	<p>Request to Surrender Registered Design</p> <p>Request to Surrender Patent</p> <p>Request to Cancel or Partially Cancel Registered Mark</p>
<p><u>Pre-requisites:</u></p> <p>a. If there is/are person(s) with interest in the intellectual property, please ensure that they have been notified of the intended surrender/cancellation three months prior to this form being filed, and they have no objection to the surrender/cancellation.</p> <p>b. For Patents and Designs, if an action before the court is pending, full particulars of such action must be furnished in writing on an attached sheet.</p> <p><u>Estimated Time:</u> This form may take approximately 2 - 7 minutes to complete.</p> <p><u>General:</u></p> <p>a. * denotes mandatory fields.</p> <p>b. 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%;" type="text"/>
PART 2 Application No.*	
<i>Note: Application number refers to Designs Number / Patents Application Number / Trade Marks Number.</i>	
Application No.*	<input style="width: 100%; height: 20px;" type="text"/>
Article Name <i>(for Designs only)</i>	<input style="width: 100%;" type="text"/>
Trade Marks Full Cancellation <i>(Please cross here)</i>	<input style="width: 20px; height: 20px;" type="checkbox"/>
	<u>For Trade Marks Partial Cancellation</u>
Total No. of Class Affected by this Cancellation	<input style="width: 100%;" type="text"/>
<i>Note: For partial cancellation, please fill in details in Part 4 of this form.</i>	
PART 3 Name of Proprietor/ Registered Owner*	
<i>Note: If there is insufficient space, please use the continuation sheet in CS 4.</i>	
UEN/ Company Code <i>(if applicable)</i>	<input style="width: 100%; height: 20px;" type="text"/>
Name	<input style="width: 100%; height: 40px;" type="text"/>
Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	<input style="width: 100%; height: 40px;" type="text"/>

PART 4 Details of Partial Cancellation (For Trade Marks Partial Cancellation Only)

Note: If there is insufficient space, please use the continuation sheet in CS 7.

Class(es) to be fully cancelled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
Class(es) to be partially cancelled	<table border="1"><thead><tr><th data-bbox="550 302 662 336">Class No</th><th data-bbox="702 302 1005 336">Goods/Service to Remain</th></tr></thead><tbody><tr><td data-bbox="550 347 662 414"><input type="checkbox"/></td><td data-bbox="702 347 1364 660"></td></tr><tr><td data-bbox="550 683 662 750"><input type="checkbox"/></td><td data-bbox="702 683 1364 996"></td></tr><tr><td data-bbox="550 1019 662 1086"><input type="checkbox"/></td><td data-bbox="702 1019 1364 1332"></td></tr><tr><td data-bbox="550 1355 662 1422"><input type="checkbox"/></td><td data-bbox="702 1355 1364 1668"></td></tr><tr><td data-bbox="550 1691 662 1758"><input type="checkbox"/></td><td data-bbox="702 1691 1364 2004"></td></tr></tbody></table>	Class No	Goods/Service to Remain	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Class No	Goods/Service to Remain												
<input type="checkbox"/>													
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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"/>
Address for Service in Singapore	<p>Block/ House No. <input style="width: 100%; height: 20px;" type="text"/></p> <p>Street Name <input style="width: 100%; height: 25px;" type="text"/></p> <p>Level - Unit <input style="width: 50%; height: 20px;" type="text"/> - <input style="width: 50%; height: 20px;" type="text"/></p> <p>Building Name <input style="width: 100%; height: 25px;" type="text"/></p> <p>Postal Code <input style="width: 100%; height: 20px;" type="text"/></p>
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 by Proprietor/ Registered Owner Concerning Interested Parties*

<p>Declaration by Proprietor/ Registered Owner Concerning Interested Parties</p> <p><i>(Note: Cross the appropriate checkbox or checkboxes.)</i></p>	<p>(i) Please select one of the following</p> <p><input type="checkbox"/> I/ We confirm that there are no interested parties in the intellectual property.</p> <p><input type="checkbox"/> I/ We confirm that those with a registered interest in the intellectual property have been notified of the intended surrender/cancellation/renunciation three months prior to this form being filed, and they have no objection to the surrender/cancellation/renunciation.</p>
	<p>(ii) <input type="checkbox"/> I/We declare that no action is pending before the Court for infringement or for revocation of the intellectual property.</p>

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 understand that I may be liable for criminal prosecution for providing any false information in this application.</p>										
Name	<input style="width: 100%;" type="text"/>										
Signature	<input style="width: 100%; height: 40px;" type="text"/>										
Date (DD/MM/YYYY)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> </tr> </table>										
No. of Extra Sheets Attached to this Form	<input style="width: 100px;" type="text"/> sheet(s)										