



Address	<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 8.)</i></p> <p>Block/ House No. <input type="text"/></p> <p>Street Name <input type="text"/></p> <p>Level - Unit <input type="text"/> - <input type="text"/></p> <p>Building Name <input type="text"/></p> <p>Postal Code <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><b>PART 5 Extension of Time in Relation To*</b></p>	
<p><i>Note: (i) In relation to Renewal/ Late Renewal/ Restoration of registration, the request for extension of time is strictly for responding to the Registrar's queries or objections and not for seeking for time to lodge the form.</i></p> <p><i>(ii) In relation to Reinstatement of rights, the request for extension of time is strictly for responding to Registrar's objection pertaining to new conflicting mark and not for seeking more time to lodge the Reinstatement of Rights form.</i></p>	
<p>Extension of Time in Relation to <i>(Note: Cross only one checkbox)</i></p>	<p><input type="checkbox"/> Examination</p> <p><input type="checkbox"/> Transfer of Ownership</p> <p><input type="checkbox"/> Amendment of application or registration (excluding change of name or address or mailing address)</p>

	<input type="checkbox"/> Reinstatement of rights <input type="checkbox"/> Renewal or late renewal or restoration of registration <input type="checkbox"/> Registration/ Amendment/ Cancellation of Licence <input type="checkbox"/> Registration/ Amendment/ Cancellation of Security Interest <input type="checkbox"/> Cancellation of Registered Mark or Surrender of Designs <input type="checkbox"/> Others <i>(Please state the specific transaction)</i> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>										
<p style="text-align: center;">Deadline Given to Respond to Registrar <i>(DD/MM/YYYY)</i></p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>										
<b>PART 6 Nature of Request*</b>											
<p style="text-align: center;">Nature of Request* <i>(Note: Cross one checkbox only. There will be no refund for unutilised periods of extension.)</i></p>	<input type="checkbox"/> First/ Second Request for extension of time <hr/> <input type="checkbox"/> Third or Subsequent Request for extension of time										
<b>PART 7 Reason for Extension of Time Sought (for Third or Subsequent Request only)</b>											
<p style="text-align: center;">Reason for Request <i>(Note: Please cross the appropriate checkbox or checkboxes)</i></p>	<input type="checkbox"/> Obtaining the consent of the proprietor of a relevant earlier trade mark <i>(for Trade Marks only)</i> <input type="checkbox"/> Obtaining/ recording an assignment of a relevant earlier trade mark <i>(for Trade Marks only)</i> <input type="checkbox"/> Disposing of invalidation or revocation proceedings which have been issued against an earlier trade mark <i>(for Trade Marks only)</i> <input type="checkbox"/> Executing a Statutory Declaration or compiling evidence of use to overcome Registrar's objections <i>(for Trade Marks only)</i> <input type="checkbox"/> Executing a worldwide agreement or in a negotiation with a third party <i>(for Trade Marks only)</i> <input type="checkbox"/> Others. Please state the reasons below: <i>(Note: If there is insufficient space, please attach in a separate sheet)</i> <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 10px;"></div>										

**PART 8 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, and must be the same as the one on our record.
- d. Please also file Form CM1 if you are a different agent on record or e-file Form CM2 if you have changed your address for service in Singapore.

<b>Agent UEN/ Company Code</b>	<input type="text"/>
<b>Agent Name</b>	<input type="text"/>
<b>Representative or C/O Name</b>	<input type="text"/>
	<b>Address for Service in Singapore</b>
	<b>Block/ House No.</b> <input type="text"/>
	<b>Street Name</b> <input type="text"/>
	<b>Level - Unit</b> <input type="text"/> - <input type="text"/>
	<b>Building Name</b> <input type="text"/>
	<b>Postal Code</b> <input type="text"/>
<b>Contact Person</b> <i>(if applicable)</i>	<input type="text"/>
<b>Direct Telephone No.</b> <i>(if applicable)</i>	<input type="text"/>
<b>Email Address</b> <i>(if applicable)</i>	<input type="text"/>

<b>PART 9 Declaration*</b>											
Declaration	<p><b><u>By Person Filing the Form</u></b></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><b><u>By Agent</u></b></p> <p>I, the undersigned, do hereby declare that:</p> <ol style="list-style-type: none"> <li>i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.</li> <li>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.</li> </ol>										
Name	<input style="width: 100%; height: 25px;" 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: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>										
No. of Extra Sheets Attached to this Form	<input style="width: 100px; height: 25px;" type="text"/> sheet(s)										

GST	GST INFORMATION
<b>Tax Invoice (Payable request only)*</b>	
<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><b>Name</b> (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: 10px;"></div>