


SINGAPORE TRADE MARKS ACT / PATENTS ACT / REGISTERED DESIGNS ACT
(CHAPTER 332 / 221 / 266)
TRADE MARKS RULES / PATENT RULES / REGISTERED DESIGNS RULES

<p>FORM CM7</p>  <p>*1007*</p>	<p>Application to Register, Amend or Terminate Security Interest</p>																				
<p><u>Pre-requisites:</u></p> <p>a. You will need the following information to complete the form:</p> <p style="margin-left: 20px;">i. Where the application relates to amendment/ termination of a security interest, the security reference no..</p> <p style="margin-left: 20px;">ii. Signature by grantor (or their representative if so authorised) or a copy of the documentary evidence establishing the transaction.</p> <p><u>Estimated Time:</u></p> <p>This form may take approximately 4 - 8 minutes to complete.</p> <p><u>General:</u></p> <p>a. * denotes mandatory field.</p> <p>b. Please file one form for each IP type (i.e. only Trade Marks, Designs or Patents).</p> <p>c. Trade Marks: For an international registration designating Singapore, please lodge Form MM19(E) directly with WIPO instead of using this form.</p> <p>d. Fee for this form is payable on a per IP number basis.</p> <p>e. 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> <p>f. For a partial amendment/cancellation, please call us at 6339 8616 for assistance to split the security interest reference no. before filing the form.</p>																					
PART 1 Reference																					
<p style="text-align: center;">Applicant/ Agent Reference</p>	<input style="width: 100%; height: 25px;" type="text"/>																				
<p style="text-align: center;">IPOS Reference <i>(if applicable)</i></p>	<input style="width: 100%; height: 25px;" type="text"/>																				
PART 2 Transaction Type*																					
<p style="text-align: center;">Transaction Type* <i>(Note: Cross one checkbox only. Separate forms should be used for different transaction type)</i></p>	<p><input type="checkbox"/> Registration <i>(Please fill in Parts 3 - 11)</i></p> <p><input type="checkbox"/> Amendment <i>(Please fill in Parts 3 - 4, 7 - 11)</i></p> <p style="text-align: right;">Security Interest Reference No. <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> Termination <i>(Please fill in Parts 3 - 4, 7 - 11)</i></p> <p style="text-align: right;">Security Interest Reference No. <input style="width: 150px;" type="text"/></p>																				
PART 3 Application No.*																					
<p><u>Note:</u></p> <p>a. Application number refers to Designs Number / Patent Application Number/ Trade Marks Number.</p> <p>b. All the numbers listed below must belong to the same applicant/ proprietor indicated in Part 4.</p> <p>c. If there is insufficient space, please use the continuation sheet CS 3.</p>																					
<p style="text-align: center;">Application No.*</p>	<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																				

	<input type="text"/>
	<input type="text"/>
PART 4 Name of Applicant/ Proprietor*	
<i>Note: If there is insufficient space, please use the continuation sheet CS 4.</i>	
UEN/ Company Code <i>(if applicable)</i>	<input type="text"/>
Name	<input type="text"/>
Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	<input type="text"/>
PART 5 Details of Grantor*	
<i>Note: If the grantor(s) is/are the applicant(s)/ proprietor(s) mentioned in part 4 above, this part is to be left empty. If there is insufficient space, please use the continuation sheet in CS 1.</i>	
UEN/ Company Code <i>(if applicable)</i>	<input type="text"/>
Name	<input type="text"/>
Address	<p>Singapore Address</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>

	Line 3 <input type="text"/>
Nationality or Country of Incorporation*	<input type="text"/>
State of Incorporation <i>(mandatory for USA corporations)</i>	<input type="text"/>
Country of Residency <i>(mandatory for individuals)</i>	<input type="text"/>
Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	<input type="text"/>
PART 6 Details of Grantee*	
<i>Note: If there is insufficient space, please use the continuation sheet in CS 1.</i>	
UEN/ Company Code <i>(if applicable)</i>	<input type="text"/>
Name	<input type="text"/>
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>

	Line 3 <input type="text"/>
Nationality or Country of Incorporation*	<input type="text"/>
State of Incorporation <i>(mandatory for USA corporations)</i>	<input type="text"/>
Country of Residency <i>(mandatory for individuals)</i>	<input type="text"/>
Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	<input type="text"/>
PART 7 Details of Security Interest to be Registered, Amended or Terminated*	
Details of Security Interest to be Registered, Amended or Terminated* <i>(e.g. instrument under which security interest is derived, effective date, fixed charge or floating charge)</i>	<input type="text"/>
PART 8 Contact Details*	
<p><u>Note:</u></p> <p>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.</p> <p>b. The address for service in Singapore need not be filled up if the person's address in Part 6 is to be used as an address for service in Singapore.</p> <p>c. The official correspondence will be sent to the address for service in Singapore as indicated in this box.</p> <p>d. The information provided below is effective for all matters in respect of the security interest, including this application to register, amend or terminate a security interest.</p>	
Agent UEN/ Company Code	<input type="text"/>
Agent Name	<input type="text"/>
Representative or C/O Name	<input type="text"/>
Address for Service in Singapore	
Block/ House No.	<input type="text"/>
Street Name	<input type="text"/>

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"/>
Building Name	<input type="text"/>
Postal Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Contact Person <i>(if applicable)</i>	<input type="text"/>
Direct Telephone No. <i>(if applicable)</i>	<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"/>
Email Address <i>(if applicable)</i>	<input type="text"/>

PART 9 Validation/Supporting Documents*

Validation/Supporting Documents* <i>(Note: Cross only one checkbox)</i>	<input type="checkbox"/> This application is validated and signed by or on behalf of the grantor. <i>(If this checkbox is selected, please fill in Part 10 of this form)</i>
	<input type="checkbox"/> A copy of the documentary evidence establishing the transaction is attached.

PART 10 Grantor's Signature for Authorisation to Register/ Amend/ Terminate a Grant of Security Interest

Note: Fill in this part only if first checkbox of Part 9 is selected.

Name	<input type="text"/>
Signature of Grantor <i>(or his representative if so authorised)</i>	<input type="text"/>
Official Capacity of Signatory	<input type="text"/>
Date <i>(DD/MM/YYYY)</i>	<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"/>

PART 11 Declaration*

Declaration <i>(** delete where necessary)</i>	<p><u>By Person Filing the Application</u></p> <p>I, the undersigned, do hereby declare that the information furnished above on behalf of the grantor/grantee** 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> <ol style="list-style-type: none"> i. I have been duly authorised to act as an agent on behalf of the grantor/grantee** ii. The information furnished above on behalf of the grantor/grantee** 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 type="text"/>
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Signature	<input data-bbox="552 165 991 282" type="text"/>
Date (DD/MM/YYYY)	<input data-bbox="552 331 935 394" type="text"/>
No. of Extra Sheets Attached to this Form	<input data-bbox="552 427 751 490" type="text"/> sheet(s)

GST	GST INFORMATION
Details of Requestor	
<p><u>Note:</u> If the requestor(s) is/are the grantor or grantee (as in Part 5 and 6 above), this part is to be left empty.</p>	
<p>Name of Requestor <i>(If the requestor is not the grantor or grantee (as in Part 5 or 6 of the form), please insert the name of the requestor)</i></p>	<input data-bbox="550 497 1361 609" type="text"/>
<p>Local/Foreign Address <i>(to include block no, unit-level no., street name and postal code)</i></p>	<input data-bbox="550 701 1361 813" type="text"/>
<p>Country of Incorporation <i>(mandatory for corporations)</i></p>	<input data-bbox="550 880 1126 940" type="text"/>
<p>State of Incorporation <i>(mandatory for USA corporations)</i></p>	<input data-bbox="550 992 1361 1104" type="text"/>
<p>Country of Residency <i>(mandatory for individuals)</i></p>	<input data-bbox="550 1131 1126 1191" type="text"/>

Tax Invoice*	
<p><u>Note:</u> <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.</i></p>	
<p>Name (Tax invoice to be issued to)</p>	<p><i>The name of the requestor (as in Part 5 or 6 or "Name of Requestor" of this form) should be inserted in this field.</i></p> <input data-bbox="550 1552 1361 1664" type="text"/>