**SINGAPORE TRADE MARKS ACT / PATENTS ACT / REGISTERED DESIGNS ACT**

**(CHAPTER 332 / 221 / 266)**

TRADE MARKS RULES / PATENT RULES / REGISTERED DESIGNS RULES

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| **FORM CM8** | **Application to Register Transfer of Ownership**  |
|  |
| *Instructions:*1. *Signature by all parties (or their representative if so authorised) or a copy of the documentary evidence establishing the transaction.*

*Estimated Time:* *This form may take approximately 4 - 10 minutes to complete.**General:*1. *\* denotes mandatory field.*
2. *Please file one form for each IP type (i.e. only Trade Marks, Designs or Patents).*
3. *Trade Marks: For an international registration designating Singapore, please lodge form MM5(E) directly with WIPO instead of using this form.*
4. *Fee for this form is payable on a per IP number basis.*
5. *If you are an agent acting on behalf of the person filing this form, please refer to sections 104 and 105 of the Patents Act and rule 90 of the Patents Rules.*
6. *Only one trade mark application number may be entered for partial transfer of goods/services.*
 |
| **PART 1 Reference** |
| My Reference |  |
| **PART 2 Application No.\*** |
| *Note:* 1. *Application No. refers to Designs Number, Patent Application Number, or Trade Mark Number.*
2. *All the numbers listed below must belong to the same applicant/proprietor and UEN/Entity code as indicated in Part 3.*
3. *If there is insufficient space, please use the continuation sheet CS 3.*
 |
| Application No.\* |

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| **PART 3 Name of Applicant/ Proprietor\*** |
| *Note : If there is insufficient space, please use the continuation sheet CS 4.* |
| UEN/ Entity Code *(if applicable)* |

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 |
| Name |  |
| Sole Proprietor’s or Partners' Name(s) *(if sole proprietorship or partnership)* |  |

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| **PART 4 Details of Current Applicant/ Proprietor\*** |
| *Note: If there is insufficient space, please use the continuation sheet in CS 1.* |
| UEN/ Entity Code *(if applicable)* |

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| Name |  |
| Address | Singapore Address |
|  | Block No. |

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|  | Street Name |  |
|  | Level No. |

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|  | Unit No. |

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|  | Building Name |  |
|  | Additional Building Information |  |
|  | Postal Code |

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 |
|  | Foreign Address |
|  | Line 1 |  |
|  | Line 2 |  |
|  | Line 3 |  |
| Country/Region of Incorporation or Citizenship\* |  |
| State of Incorporation *(mandatory for USA corporations)* |  |
| Country/Region of Residency*(mandatory for individuals)* |  |
| Sole Proprietor’s or Partners' Name(s) *(if sole proprietorship or partnership)* |  |
| Email |  |

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| **PART 5 Details of Subsequent Applicant/ Proprietor\*** |
| *Note: (i) If there is insufficient space, please use the continuation sheet in CS 1.* *(ii) Partial Transfer (Trade Marks): Please ignore this part and fill up the corresponding boxes (i.e. Parts 1 and 2) of the Annex A instead.* |
| UEN/ Entity Code *(if applicable)* |

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| Name |  |
| Address | Singapore Address |
|  | Block No. |

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|  | Street Name |  |
|  | Level No. |

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 |
|  | Unit No. |

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 |
|  | Building Name |  |
|  | Additional Building Information |  |
|  | Postal Code |

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 |
|  | Foreign Address |
|  | Line 1 |  |
|  | Line 2 |  |
|  | Line 3 |  |
| Country/Region of Incorporation or Citizenship\* |  |
| State of Incorporation *(mandatory for USA corporations)* |  |
| Country/Region of Residency*(mandatory for individuals)* |  |
| Sole Proprietor’s or Partners' Name(s) *(if sole proprietorship or partnership)* |  |
| Email |  |

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| **PART 6 Person making the request\*** |
| Full or Partial Transfer *(Note: Cross one checkbox only.)* |  | Assignor / Transferor |
|  | Assignee / Transferee |
|  | Requestor (Interested party other than assignor/ transferor or assignee / transferee) |
| **PART 7 Full or Partial Transfer\* *(for Trade Marks only)*** |
| *Note : If "Partial" is indicated, provide details of the trade mark no., class no. and goods and/or services for which the transfer is to be recorded at Annex A. The transfer application may only be for goods and/or services already covered in the trade mark application/registration, not for those falling outside.* |
| Full or Partial Transfer *(Note: Cross one checkbox only.)* |  | Full |
|  | Partial |
| **PART 8 Date of Transfer of Ownership\*** |
| Date of Transfer of Ownership\* *(DD/MM/YYYY)* |

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| **PART 9 Other Details (Optional)** |
| Details of Transfer of Ownership to be Registered *(e.g. Type of Transfer, Percentage/Extent of Interest being Transferred)* |  |

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| **PART 10 Contact Details/Address for Service\*** |
| *Note:* *Please fill in your IPOS Digital Hub Account Address* |
| Entity Code |

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| Agent/Representative Name*(if applicable)* |  |
| C/O Name*(if applicable)* |  |
|  | Address for Service in Singapore |
|  | Block No. |

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|  | Street Name |  |
|  | Level No. |

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|  | Unit No. |

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|  | Building Name |  |
|  | Additional Building Information |  |
|  | Postal Code |

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| Contact Person |  |
| Direct Telephone No. |

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| Email Address |  |
| Address for Service*(Note: Cross only checkbox)* |  | I/We would like to receive correspondence: \*For Matters relating to this application, registration/grant including renewal notices for the assignee/transferee after the recordal for the transfer has been completed.For matters pertaining to this Form CM8 only. |
| **PART 11 Validation/ Supporting Documents\*** |
| Validation/ Supporting Documents\**(Note: Cross only one checkbox)* |  | This application is validated and signed by or on behalf of all relevant parties.*(If this checkbox is selected, please fill in Part 11A if applicable).* *For partial transfer (trade marks), please fill in Part 11A and Annex A.* |
|  |  | A copy of the documentary evidence establishing the transaction is attached. |
| **Signature for Authorising the Transfer of Ownership** |
| *Note: Fill in this part only if the first checkbox of Part 11 is selected.*  |
| 11A. Name |  |
| Signature of Assignor *(or his representative if so authorised)* |  |
| Official Capacity of Signatory |  |
| Date *(DD/MM/YYYY)* |

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| **PART 12 Declaration\*** |
| Declaration*(\*\* delete where necessary)* | **By Person Filing the Form** |
| I do hereby declare that the information furnished on behalf of the assignor/assignee\*\* 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 do hereby declare that:1. I have been duly authorised to act as an agent/representative, for the purpose of this application, on behalf of the relevant parties.
2. The information furnished on behalf of the relevant parties 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.
 |
| Name |  |
| Signature |  |
| Date *(DD/MM/YYYY)* |

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| No. of Extra Sheets Attached to this Form |  | sheet(s) |

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| **ANNEX A Continuation Sheet for Part 7 *(for Partial Transfer of Ownership of Trade Marks)*****PART 1 Details to be Recorded of Assignee 1** |
| *Note: (1) Assignee 1 here refers to:* *(a) Assignor in a situation where he/she retains ownership of the trade mark in relation to part of the goods/ services/ rights; or**(b) One of the assignees where assignor has divested all his rights in the trade mark to different parties and does not retain any ownership of the trade mark.* |
| UEN/ Entity Code *(if applicable)* |

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| Name |  |
| Address | Singapore Address |
|  | Block No. |

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|  | Street Name |  |
|  | Level No. |

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|  | Unit No.  |

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|  | Building Name |  |
|  | Additional Building Information |  |
|  | Postal Code |

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|  | Foreign Address |
|  | Line 1 |  |
|  | Line 2 |  |
|  | Line 3 |  |
| Country/Region of Incorporation or Citizenship\* |  |
| State of Incorporation *(mandatory for USA corporations)* |  |
| Country/Region of Residency*(mandatory for individuals)* |  |
| Sole Proprietor’s or Partners' Name(s) *(if sole proprietorship or partnership)* |  |
| Email |  |

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| **ANNEX A** **PART 1A Details of Goods/ Services/ Rights to be transferred to/ retained by Assignee 1** |
| *Note: If the space provided is insufficient, please continue on separate sheets.* |
|  | All goods/services claimed in the following Trade Mark No. and Class No. |
| Trade Mark No. |

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| Trade Mark No. |

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| Class No. |

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 |
| Description of Rights Transferred *(optional)* |  |
|  | The following goods/services/rights only |
| Trade Mark No. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Class No. |  |
| Specification of Goods/ Services/ Rights |  |
| Class No. |  |
| Specification of Goods/ Services/ Rights |  |
| **ANNEX A** **PART 2 Details to be Recorded of Assignee 2** |
| *Note: Where there are more than 2 assignees, please provide the corresponding particulars for the other assignees in an attached sheet.* |
| UEN/ Entity Code *(if applicable)* |

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| Name |  |
|  | Block No. |

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|  | Street Name |  |
|  | Level No. |

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 |
|  | Unit No. |

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 |
|  | Building Name |  |
|  | Additional Building Information |  |
|  | Postal Code |

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 |
|  | Foreign Address |
|  | Line 1 |  |
|  | Line 2 |  |
|  | Line 3 |  |
| Country/Region of Incorporation or Citizenship\* |  |
| State of Incorporation *(mandatory for USA corporations)* |  |
| Country/Region of Residency*(mandatory for individuals)* |  |
| Sole Proprietor’s or Partners' Name(s) *(if sole proprietorship or partnership)* |  |
| Email |  |

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| **ANNEX A** **PART 2A Details of Goods/ Services/ Rights to be transferred to Assignee 2** |
| *Note: If the space provided is insufficient, please continue on separate sheets.* |
|  | All goods/services claimed in the following Trade Mark No. and Class No. |
| Trade Mark No. |

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| Class No. |

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| Trade Mark No. |

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| Class No. |

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 |
| Description of Rights Transferred *(optional)* |  |
|  | The following goods/ services/ rights only |
| Trade Mark No. |

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| Class No. |  |
| Specification of Goods/ Services/ Rights |  |
| Class No. |  |
| Specification of Goods/ Services/ Rights |  |

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| **ANNEX B Contact Details For The Assignee** |
| *Note:*1. *Fill this part ONLY if you have chosen to receive correspondence for matters pertaining to this Form CM8 only and does not want to retain the current address for service as the assignor.*
 |
| Entity Code  |

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| Agent/Representative Name*(if applicable)* |  |
| C/O Name *(if applicable)* |  |
|  | Address for Service in Singapore |
|  | Block No. |

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|  | Street Name |  |
|  | Level No. |

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|  | Unit No. |

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|  | Building Name |  |
|  | Additional Building Information |  |
|  | Postal Code |

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| Contact Person |  |
| Direct Telephone No. |

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| Email Address |  |

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| **GST** | **GST INFORMATION** |
|  |
| **Details of Requestor** |
| *Note:*If the requestor(s) is/are the current proprietor or subsequent proprietor (as in Part 4 and 5 above), this part is to be left empty.  |
| Name of Requestor*(if the requestor is not the assignor or assignee, please insert the name of the requestor)* |  |
| Local/Foreign Address*(to include block no., unit-level no., street name and postal code)* |   |
| Country/Region of Incorporation *(mandatory for corporations)* |  |
| State of Incorporation *(mandatory for USA corporations)* |  |
| Country/Region of Residency*(mandatory for individuals)* |  |

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| **Tax Invoice\*** |
| *Note:**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.* |
| Name(Tax invoice to be issued to) | *The name of the requestor (as in Part 4 or Part 5 or “Name of Requestor” indicated in the above section on “GST Information”) should be inserted in this field.* |