


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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| <b>FORM CM8</b><br><br><b>*1008*</b>  | <b>Application to Register Transfer of Ownership</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><u>Instructions:</u><br/>a. Signature by all parties (or their representative if so authorised) or a copy of the documentary evidence establishing the transaction.</p> <p><u>Estimated Time:</u><br/>This form may take approximately 4 - 10 minutes to complete.</p> <p><u>General:</u><br/>a. * denotes mandatory field.<br/>b. Please file one form for each IP type (i.e. only Trade Marks, Designs or Patents).<br/>c. Trade Marks: For an international registration designating Singapore, please lodge form MM5(E) directly with WIPO instead of using this form.<br/>d. Fee for this form is payable on a per IP number basis.<br/>e. 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.<br/>f. Only one trade mark application number may be entered for partial transfer of goods/services.</p> |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PART 1 Reference</b>  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| My Reference   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PART 2 Application No.*</b>   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><u>Note:</u><br/>a. Application No. refers to Designs Number, Patent Application Number, or Trade Mark Number.<br/>b. All the numbers listed below must belong to the same applicant/proprietor and UEN/Entity code as indicated in Part 3.<br/>c. If there is insufficient space, please use the continuation sheet CS 3.</p>  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Application No.*   | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 12.5%; height: 20px;"></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><td style="width: 12.5%;"></td></tr><tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>PART 3 Name of Applicant/ Proprietor*</b>   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><u>Note</u> : If there is insufficient space, please use the continuation sheet CS 4.</p>   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| UEN/ Entity Code<br><i>(if applicable)</i>   | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 12.5%; height: 20px;"></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><td style="width: 12.5%;"></td></tr></table>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Sole Proprietor's or Partners' Name(s)<br><i>(if sole proprietorship or partnership)</i>   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**PART 4 Details of Current Applicant/ Proprietor\***

*Note: If there is insufficient space, please use the continuation sheet in CS 1.*

|  |  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p>UEN/ Entity Code<br/><i>(if applicable)</i></p> <p>Name</p>   | <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="20"><input type="text"/></td></tr></table> | <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"/> | <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"/> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p>Address</p>   | <p>Singapore Address</p> <p>Block No. <input type="text"/></p> <p>Street Name <input type="text"/></p> <p>Level No. <input type="text"/></p> <p>Unit No. <input type="text"/></p> <p>Building Name <input type="text"/></p> <p>Additional Building Information <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>Country/Region of Incorporation or Citizenship*</p> <p>State of Incorporation<br/><i>(mandatory for USA corporations)</i></p> <p>Country/Region of Residency<br/><i>(mandatory for individuals)</i></p> | <table border="1"><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr><tr><td><input type="text"/></td></tr></table>   | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   |   |
|---|---|
| <b>Sole Proprietor's or Partners' Name(s)</b><br><i>(if sole proprietorship or partnership)</i> | <input data-bbox="564 120 1370 232" type="text"/> |
| <b>Email</b>  | <input data-bbox="564 286 1141 347" type="text"/> |



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| Sole Proprietor's or Partners' Name(s)<br><i>(if sole proprietorship or partnership)</i> | <input data-bbox="555 120 1359 232" type="text"/> |
| Email  | <input data-bbox="560 291 1134 349" type="text"/> |

| <b>PART 6 Person making the request*</b>   |   |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|
| Full or Partial Transfer<br>(Note: Cross one checkbox only.)   | <input type="checkbox"/> Assignor / Transferor<br><br><input type="checkbox"/> Assignee / Transferee<br><br><input type="checkbox"/> Requestor (Interested party other than assignor/ transferor or assignee / transferee)  |  |  |  |  |  |  |  |  |  |  |
| <b>PART 7 Full or Partial Transfer* (for Trade Marks only)</b>   |   |  |  |  |  |  |  |  |  |  |  |
| <i>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.</i> |   |  |  |  |  |  |  |  |  |  |  |
| Full or Partial Transfer<br>(Note: Cross one checkbox only.)   | <input type="checkbox"/> Full<br><br><input type="checkbox"/> Partial   |  |  |  |  |  |  |  |  |  |  |
| <b>PART 8 Date of Transfer of Ownership*</b>   |   |  |  |  |  |  |  |  |  |  |  |
| Date of Transfer of Ownership*<br>(DD/MM/YYYY)   | <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |
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| <b>PART 9 Other Details (Optional)</b>   |   |  |  |  |  |  |  |  |  |  |  |
| Details of Transfer of Ownership to be Registered<br>(e.g. Type of Transfer, Percentage/Extent of Interest being Transferred)  | <div style="border: 1px solid black; height: 150px; width: 100%;"></div>  |  |  |  |  |  |  |  |  |  |  |

**PART 10 Contact Details/Address for Service\***

*Note:*

Please fill in your IPOS Digital Hub Account Address

|   |   |
|---|---|
| Entity Code   | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Agent/Representative Name<br><i>(if applicable)</i> | <input type="text"/>  |
| C/O Name<br><i>(if applicable)</i>                  | <input type="text"/>  |
| Address for Service in Singapore                    | Block No. <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"/> <input type="text"/>   |
|   | Street Name <input type="text"/>  |
|   | Level No. <input type="text"/> <input type="text"/> <input type="text"/>  |
|   | Unit No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
|   | Building Name <input type="text"/>  |
|   | Additional Building Information <input type="text"/>  |
|   | Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |
| Contact Person                                      | <input type="text"/>  |
| Direct Telephone No.                                | <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"/> <input type="text"/>   |
| Email Address                                       | <input type="text"/>  |

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\***

|  |   |
|--|---|
| <p>Validation/ Supporting Documents*<br/>(Note: Cross only one checkbox)</p> | <p><input type="checkbox"/> This application is validated and signed by or on behalf of all relevant parties.<br/><i>(If this checkbox is selected, please fill in Part 11A if applicable).<br/>For partial transfer (trade marks), please fill in Part 11A and Annex A.</i></p> <p><input type="checkbox"/> A copy of the documentary evidence establishing the transaction is attached.</p> |
|--|---|

**Signature for Authorising the Transfer of Ownership**

Note: Fill in this part only if the first checkbox of Part 11 is selected.

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| <p>11A. Name</p>   |  |   |  |   |   |  |   |  |  |  |  |
| <p>Signature of Assignor<br/><i>(or his representative if so authorised)</i></p> |  |   |  |   |   |  |   |  |  |  |  |
| <p>Official Capacity of Signatory</p>  |  |   |  |   |   |  |   |  |  |  |  |
| <p>Date<br/><i>(DD/MM/YYYY)</i></p>  | <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |   |  | / |   |  | / |  |  |  |  |
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| <b>PART 12 Declaration*</b>                                      |   |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|
| Declaration<br><i>(** delete where necessary)</i>                | <p><b><u>By Person Filing the Form</u></b></p> <p>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.</p> <p><b><u>By Agent</u></b></p> <p>I do hereby declare that:</p> <ul style="list-style-type: none"> <li>i. I have been duly authorised to act as an agent/representative, for the purpose of this application, on behalf of the relevant parties.</li> <li>ii. 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.</li> </ul> |  |  |  |  |  |  |  |  |  |  |
| Name<br><br><br>Signature<br><br><br>Date<br><i>(DD/MM/YYYY)</i> | <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 45px; width: 100%;"></div> <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>   |  |  |  |  |  |  |  |  |  |  |
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| No. of Extra Sheets Attached to this Form                        | <div style="border: 1px solid black; width: 100px; height: 25px; display: inline-block;"></div> sheet(s)  |  |  |  |  |  |  |  |  |  |  |

**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<br><i>(if applicable)</i>  | <input style="width: 100%; height: 20px;" type="text"/>  |
| Name  | <input style="width: 100%; height: 40px;" type="text"/>  |
| Address   | Singapore Address<br>Block No. <input style="width: 100%; height: 20px;" type="text"/><br><br>Street Name <input style="width: 100%; height: 25px;" type="text"/><br><br>Level No. <input style="width: 100%; height: 20px;" type="text"/><br><br>Unit No. <input style="width: 100%; height: 20px;" type="text"/><br><br>Building Name <input style="width: 100%; height: 25px;" type="text"/><br><br>Additional Building Information <input style="width: 100%; height: 25px;" type="text"/> |
|   | Postal Code <input style="width: 100%; height: 20px;" type="text"/>  |
|   | Foreign Address<br>Line 1 <input style="width: 100%; height: 25px;" type="text"/><br><br>Line 2 <input style="width: 100%; height: 25px;" type="text"/><br><br>Line 3 <input style="width: 100%; height: 25px;" type="text"/>  |
| Country/Region of Incorporation or Citizenship*<br><br>State of Incorporation<br><i>(mandatory for USA corporations)</i><br><br>Country/Region of Residency<br><i>(mandatory for individuals)</i> | <input style="width: 100%; height: 25px;" type="text"/><br><br><input style="width: 100%; height: 25px;" type="text"/><br><br><input style="width: 100%; height: 25px;" type="text"/>  |

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

Email

**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.*

|  |  |
|--|--|
| <input type="checkbox"/>                               | All goods/services claimed in the following Trade Mark No. and Class No. |
| Trade Mark No.   | <input type="text"/>   |
| Class No.  | <input type="text"/>   |
| Trade Mark No.   | <input type="text"/>   |
| Class No.  | <input type="text"/>   |
| Description of Rights Transferred<br><i>(optional)</i> | <input type="text"/>   |
| <input type="checkbox"/>                               | The following goods/services/rights only                                 |
| Trade Mark No.   | <input type="text"/>   |
| Class No.  | <input type="text"/>   |
| Specification of Goods/<br>Services/ Rights            | <input type="text"/>   |
| Class No.  | <input type="text"/>   |

Specification of Goods/  
Services/ Rights

|  |
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**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.*

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p>UEN/ Entity Code<br/><i>(if applicable)</i></p>                        | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p>Name</p>   | <table border="1"><tr><td style="width: 100%; height: 40px;"></td></tr></table>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   | <p>Block No. <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>Street Name <table border="1"><tr><td style="width: 100%; height: 25px;"></td></tr></table></p> <p>Level No. <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>Unit No. <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>Building Name <table border="1"><tr><td style="width: 100%; height: 25px;"></td></tr></table></p> <p>Additional Building Information <table border="1"><tr><td style="width: 100%; height: 25px;"></td></tr></table></p> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|   | <p>Postal Code <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | <p>Foreign Address</p> <p>Line 1 <table border="1"><tr><td style="width: 100%; height: 25px;"></td></tr></table></p> <p>Line 2 <table border="1"><tr><td style="width: 100%; height: 25px;"></td></tr></table></p> <p>Line 3 <table border="1"><tr><td style="width: 100%; height: 25px;"></td></tr></table></p>   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p>Country/Region of Incorporation or Citizenship*</p>                    | <table border="1"><tr><td style="width: 100%; height: 25px;"></td></tr></table>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <p>State of Incorporation<br/><i>(mandatory for USA corporations)</i></p> | <table border="1"><tr><td style="width: 100%; height: 25px;"></td></tr></table>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Country/Region of  
Residency  
*(mandatory for individuals)*

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

Email

**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.*

|  |   |
|--|---|
| <input style="width: 30px; height: 20px; margin-bottom: 10px;" type="checkbox"/><br>Trade Mark No.<br><br>Class No.<br><br>Trade Mark No.<br><br>Class No.   | All goods/services claimed in the following Trade Mark No. and Class No.<br><br><div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-around; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> |
| Description of Rights Transferred<br><i>(optional)</i>   | <div style="border: 1px solid black; width: 100%; height: 60px;"></div>   |
| <input style="width: 30px; height: 20px; margin-bottom: 10px;" type="checkbox"/><br>Trade Mark No.<br><br>Class No.<br><br>Specification of Goods/ Services/ Rights<br><br>Class No.<br><br>Specification of Goods/ Services/ Rights | The following goods/ services/ rights only<br><br><div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 100px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 100px;"></div>   |

**ANNEX B Contact Details For The Assignee**

Note:

a. 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   | <input type="text"/>                                 |
| Agent/Representative Name<br><i>(if applicable)</i> | <input type="text"/>                                 |
| C/O Name<br><i>(if applicable)</i>                  | <input type="text"/>                                 |
|   | <b>Address for Service in Singapore</b>              |
|   | Block No. <input type="text"/>                       |
|   | Street Name <input type="text"/>                     |
|   | Level No. <input type="text"/>                       |
|   | Unit No. <input type="text"/>                        |
|   | Building Name <input type="text"/>                   |
|   | Additional Building Information <input type="text"/> |
|   | Postal Code <input type="text"/>                     |
| Contact Person                                      | <input type="text"/>                                 |
| Direct Telephone No.                                | <input type="text"/>                                 |
| Email Address                                       | <input type="text"/>                                 |

| GST   | GST INFORMATION   |
|---|---|
| <b>Details of Requestor</b>   |   |
| <p><u>Note:</u><br/>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.</p> |   |
| <p><b>Name of Requestor</b><br/><i>(if the requestor is not the assignor or assignee, please insert the name of the requestor)</i></p>                        | <input style="width: 100%; height: 40px;" type="text"/> |
| <p><b>Local/Foreign Address</b><br/><i>(to include block no., unit-level no., street name and postal code)</i></p>  | <input style="width: 100%; height: 80px;" type="text"/> |
| <p><b>Country/Region of Incorporation</b> <i>(mandatory for corporations)</i></p>   | <input style="width: 100%; height: 20px;" type="text"/> |
| <p><b>State of Incorporation</b> <i>(mandatory for USA corporations)</i></p>  | <input style="width: 100%; height: 20px;" type="text"/> |
| <p><b>Country/Region of Residency</b> <i>(mandatory for individuals)</i></p>  | <input style="width: 100%; height: 20px;" type="text"/> |

| <b>Tax Invoice*</b>  |   |
|--|---|
| <p><u>Note:</u><br/>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 style="text-align: center;"><b>Name</b><br/>(Tax invoice to be issued to)</p>   | <p><i>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.</i></p> <input style="width: 100%; height: 40px;" type="text"/> |