



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

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

<p>UEN/ Company Code <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></tr><tr><td colspan="12"><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"/>											
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<p>Address</p>	<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> <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>	<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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<p>Sole Proprietor's or Partners' Name(s) <i>(if sole proprietorship or partnership)</i></p>	<table border="1"><tr><td><input type="text"/></td></tr></table>	<input type="text"/>																							
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**PART 10 Contact Details\***

Note:

- a. Where an agent with UEN is appointed, the fields for "Representation Type", "Agent UEN/ Company Code", "Agent Name" and "Address for Service in Singapore" should be completed. For non-agent individual or entities, the sub-fields "Representative or C/O Name" and "Address for Service in Singapore" should be completed instead.
- b. For Agents: Select **Option A** if you are appointed as the agent to receive official correspondence pertaining to all matters (including renewal, if applicable) relating to application, registration or grant, except those matters expressly excluded on the Register. Otherwise, select **Option B** if you are only representing the interested parties for transfer of ownership only and not for other matters.
- c. For Non-Agents: Select **Option A** if you wish to receive all official correspondence for all matters (including renewal, if applicable) relating to application, registration or grant, except those matters expressly excluded on the Register, following the approval of this recordal of the transfer of ownership. Otherwise, select **Option B** if you wish to receive official correspondence pertaining only to this recordal of transfer of ownership. Complete **Annex B** if **Option B** is selected.

**The Address for Service as indicated in this part will be for the following matter:**

<p>(indicate Option A or B)</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <b>Option A:</b>                      For all matters (including renewal, if applicable) relating to the application, registration or grant, except those matters expressly excluded on the Register                 </div> <div style="width: 45%;"> <input type="checkbox"/> <b>Option B:</b>                      For Transfer of Ownership only   <i>(Please also complete Annex B if Option B is selected)</i> </div> </div>																				
<p>Representation Type <i>(cross the checkbox if this form is filed by an agent)</i></p> <p>Agent UEN/ Company Code <i>(if applicable)</i></p> <p>Agent Name <i>(mandatory for agent)</i></p>	<div style="display: flex; align-items: flex-start;"> <div style="width: 30px; text-align: center;"> <input type="checkbox"/> </div> <div style="margin-left: 10px;">Agent</div> </div> <div style="margin-top: 5px;"> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <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> <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> </div> <div style="margin-top: 5px;"> <input style="width: 100%;" type="text"/> </div>																				
<p>Representative or C/O Name <i>(if applicable)</i></p>	<input style="width: 100%; height: 20px;" type="text"/>																				
	<p>Address for Service in Singapore</p> <p>Block/ House No. <input style="width: 60px; height: 20px;" type="text"/></p> <p>Street Name <input style="width: 350px; height: 25px;" type="text"/></p> <p>Level - Unit <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/></p> <p>Building Name <input style="width: 350px; height: 25px;" type="text"/></p> <p>Postal Code <input style="width: 60px; height: 20px;" type="text"/></p>																				
<p>Contact Person</p> <p>Direct Telephone No. <i>(for contact purposes in case of query relating to this form)</i></p> <p>Email Address <i>(for contact purposes in case of query relating to this form)</i></p>	<input style="width: 100%; height: 25px;" type="text"/>  <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <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> <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> <input style="width: 100%; height: 25px;" type="text"/>																				



**PART 12 Declaration\***

Declaration  
(\* delete where necessary)

**By Person Filing the Form**

I, the undersigned, do hereby declare that the information furnished above on behalf of the current applicant/proprietor/ subsequent applicant/proprietor\*\* is true to the best of my knowledge.

**By Agent**

I, the undersigned, do hereby declare that:

- i. I have been duly authorised to act as an agent on behalf of the current applicant/proprietor/ subsequent applicant/proprietor\*\*.
- ii. The information furnished above on behalf of the current applicant/proprietor/ subsequent applicant/proprietor\*\* is true to the best of the person(s)' knowledge.

Name

Signature

Date  
(DD/MM/YYYY)

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No. of Extra Sheets  
Attached to this Form

sheet(s)

**ANNEX A Continuation Sheet for Part 7 (for Partial Transfer of Ownership of Trade Marks)****PART 1 Details to be Recorded of Subsequent Applicant/ Proprietor 1**

Note: (1) Subsequent Applicant/ Proprietor 1 here refers to:

- (a) Current registered proprietor/ applicant in a situation where current applicant/ proprietor retains ownership of trademark in relation to part of the goods/ services/ rights; or  
(b) One of the subsequent applicant/ proprietors where current applicant/ proprietor has divested all his rights in the trademark to different parties and does not retain any ownership of the trademark.

UEN/ Company Code  
(if applicable)

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Name

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Address

Singapore Address

This Singapore address is to be used as the address for service for the purposes of this form.

*(Note: If this is crossed, it is not necessary to fill up the address for service in Singapore in Part 10.)*

Block/ House  
No.

--	--	--	--	--	--	--	--

Street Name

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Level - Unit

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Building  
Name

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Postal Code

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Foreign Address

Line 1

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Line 2

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Line 3

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Nationality or Country of  
Incorporation\*

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State of Incorporation  
(mandatory for  
USA corporations)

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Country of Residency  
(mandatory for individuals)

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

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**ANNEX A****PART 2 Details to be Recorded of Subsequent Applicant/ Proprietor 2**

*Note: Where there are more than 2 subsequent applicants/proprietors, please provide the corresponding particulars for the other subsequent applicants/proprietors in an attached sheet.*

<p>UEN/ Company Code <i>(if applicable)</i></p> <p>Name</p>	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <table border="1"><tr><td></td></tr></table>																											
<p>Address</p>	<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 10.)</i></p> <p>Block/ House No. <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>Street Name <table border="1"><tr><td></td></tr></table></p> <p>Level - Unit <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table> - <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p> <p>Building Name <table border="1"><tr><td></td></tr></table></p> <p>Postal Code <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table></p>																											
	<p>Foreign Address</p> <p>Line 1 <table border="1"><tr><td></td></tr></table></p> <p>Line 2 <table border="1"><tr><td></td></tr></table></p> <p>Line 3 <table border="1"><tr><td></td></tr></table></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's or Partners' Name(s) <i>(if sole proprietorship or partnership)</i></p>	<table border="1"><tr><td></td></tr></table> <table border="1"><tr><td></td></tr></table> <table border="1"><tr><td></td></tr></table> <table border="1"><tr><td></td></tr></table>																											



**ANNEX A**

**PART 3 Signature for Authorising the Transfer of Ownership**

<p>3A. Name</p> <p>Signature of Subsequent Applicant/ Proprietor 1 <i>(or his representative if so authorised)</i></p> <p>Official Capacity of Signatory</p> <p>Date <i>(DD/MM/YYYY)</i></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>3B. Name</p> <p>Signature of Subsequent Applicant/ Proprietor 2 <i>(or his representative if so authorised)</i></p> <p>Official Capacity of Signatory</p> <p>Date <i>(DD/MM/YYYY)</i></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>

**ANNEX B Contact Details For The Subsequent Applicant / Proprietor**

Note:

- a. Fill this part ONLY if Option B of Part 10 is selected.
- b. If Option '1' is selected, you are not required to fill in the other fields in this Annex. When Option '2' is selected, where an agent with UEN is appointed, the fields for "Representation Type", "Agent UEN/ Company Code", "Agent Name" and "Address for Service in Singapore" should be completed. For non-agent individual or entities, the sub-fields "Representative or C/O Name" and "Address for Service in Singapore" should be completed instead.

<p>Contact Details for the Subsequent Applicant/Proprietor <i>(select either Option '1' or '2')</i></p>	<p><input type="checkbox"/> <b>Option '1':</b> The address for service of the subsequent applicant/proprietor for all matters (including renewal, if applicable) relating to the application, registration or grant (except those matters expressly excluded on the Register) <b>remains unchanged.</b> Correspondence pertaining to the aforesaid matters will continue to be sent to the current address for service on record (or via IP<sup>2</sup>SG, if applicable).</p> <p><input type="checkbox"/> <b>Option '2':</b> The address for service of the subsequent applicant/proprietor for all matters (including renewal, if applicable) relating to the application, registration or grant (except those matters expressly excluded on the Register) <b>is to be substituted with the new contact details as provided below.</b></p>
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Note: Complete the following fields below if Option '2' is selected.

<p>Representation Type <i>(cross the checkbox if this form is filed by an agent)</i></p> <p>Agent UEN/ Company Code <i>(if applicable)</i></p> <p>Agent Name <i>(mandatory for agent)</i></p>	<p><input type="checkbox"/> Agent</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p>
<p>Representative or C/O Name <i>(if applicable)</i></p>	<p><input style="width: 100%;" type="text"/></p>
<p>Address for Service in Singapore</p> <p>Block/ House No. <input style="width: 100%;" type="text"/></p> <p>Street Name <input style="width: 100%;" type="text"/></p> <p>Level - Unit <input style="width: 50%;" type="text"/> - <input style="width: 50%;" type="text"/></p> <p>Building Name <input style="width: 100%;" type="text"/></p> <p>Postal Code <input style="width: 100%;" type="text"/></p>	
<p>Contact Person</p> <p>Direct Telephone No. <i>(for contact purposes in case of query relating to this form)</i></p> <p>Email Address <i>(for contact purposes in case of query relating to this form)</i></p>	<p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p>

GST	GST INFORMATION
<b>Details of Requestor</b>	
<p><u>Note:</u> 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> <i>(if the requestor is not the current proprietor or subsequent proprietor, please insert the name of the requestor)</i></p>	<input style="width: 100%; height: 40px;" type="text"/>
<p><b>Local/Foreign Address</b> <i>(to include block no., unit-level no., street name and postal code)</i></p>	<input style="width: 100%; height: 100px;" type="text"/>
<p><b>Country of Incorporation</b> <i>(mandatory for corporations)</i></p>	<input style="width: 100%; height: 25px;" type="text"/>
<p><b>State of Incorporation</b> <i>(mandatory for USA corporations)</i></p>	<input style="width: 100%; height: 25px;" type="text"/>
<p><b>Country of Residency</b> <i>(mandatory for individuals)</i></p>	<input style="width: 100%; height: 25px;" type="text"/>

<b>Tax Invoice*</b>	
<p><u>Note:</u> 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> (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"/>