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

FORM CM9	Request for Withdrawal of Application	
*1009*		
<u>Estimated Time:</u> This form may take approximately 3 - 5 minutes to complete.		
<u>General:</u> a. * denotes mandatory field. b. 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.		
PART 1 Reference		
Applicant/ Agent Reference		
IPOS Reference (if applicable)		
PART 2 Details of Appl	ication to be Withdrawn	
<u>Note:</u> a. Application number refers to Designs Number / Patent Application Number/ Trade Marks Number. b. International Application No. is applicable to Trade Marks only.		
Application No./ International Application No.*		
Trade Marks Full Class(es) to be Withdrawn (for Trade Marks Applications only)		
Specification of goods/services to be withdrawn (for Trade Marks International Applications only)		
PART 3 Name of Applicant*		
<u>Note</u> : If there is insufficient space,	please use the continuation sheet CS 4.	
UEN/ Company Code (if applicable)		
Name		
Sole Proprietor or Partners' Name (if sole proprietorship or partnership)		

PART 4 Contact Details	S*
<ul> <li>Note:</li> <li>c. 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.</li> <li>d. 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.</li> <li>e. Please file Form CM1 if you are a different agent or Form CM2 if you have changed your address for service in Singapore</li> </ul>	
Agent UEN/ Company Code	
Agent Name	
Representative or C/O Name	
	Address for Service in Singapore
	Block/ House No.
	Street Name
	Level - Unit
	Building Name
	Postal Code
Contact Person (if applicable)	
Direct Telephone No. <i>(if applicable)</i>	
Email Address <i>(if applicable)</i>	
PART 5 Declaration*	
Declaration	By Person Filing the Form
	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.
	By Agent
	I, the undersigned, do hereby declare that:
	i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.
	<ul> <li>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> </ul>

Name	
Signature	
Date <i>(DD/MM/YYYY)</i>	
No.of Extra Sheets Attached to this Form	sheet(s)