


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

<p>FORM HC3</p>  <p>*5103*</p>	<p>Request for Extension of Time</p>
<p><u>Pre-requisites:</u> Please have a copy of the notice and each written consent, if any, ready. For details relating to the notice and written consent, please refer to the Trade Marks Rules, Patents Rules and Registered Designs Rules respectively.</p> <p><u>Estimated Time:</u> This form may take approximately 1 - 5 minutes to complete.</p> <p><u>General</u></p> <p>a. * denotes mandatory field. b. Please note that for certain types of request, there is no fee payable. c. 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. d. The fee for Trade Marks is payable on a per class or per form basis depending on the rule under which this form is filed.</p>	
PART 1 Reference	
Applicant/ Agent Reference	<input style="width: 100%;" type="text"/>
IPOS Reference <i>(if applicable)</i>	<input style="width: 100%;" type="text"/>
PART 2 Application No.*	
Application No.*	<input style="width: 100%; height: 20px;" type="text"/>
International Registration No. <i>(for Trade Marks only)</i>	<input style="width: 100%;" type="text"/>
Case No.*	<input style="width: 100%;" type="text"/>
Class No. <i>(for Trade Marks only)</i>	<input style="width: 100%; height: 20px;" type="text"/>
Total No. of Classes <i>(for Trade Marks only)</i>	<input style="width: 100%;" type="text"/>
PART 3 Name of Applicant/ Proprietor*	
<i>Note: If there is insufficient space, please use the continuation sheet in CS 4.</i>	
UEN/ Company Code <i>(if applicable)</i>	<input style="width: 100%; height: 20px;" type="text"/>
Name	<input style="width: 100%; height: 40px;" type="text"/>
Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	<input style="width: 100%; height: 40px;" type="text"/>

PART 4 Details of Person Filing this Request for an Extension of Time*

Note: If the person(s) filing this request is/are the proprietor(s) mentioned in part 3 above, this part is to be left empty. If there is insufficient space, please use the continuation sheet CS 1.

<p>UEN/ Company Code <i>(if applicable)</i></p> <p>Name</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> <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> <tr> <td colspan="14" style="height: 50px;"></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 application. <i>(Note: If this is crossed, it is not necessary to fill up the address for service in Singapore in part 6.)</i></p> <p>Block/ House No. <table border="1" style="display: inline-table; vertical-align: middle;"><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></tr></table></p> <p>Street Name <table border="1" style="display: inline-table; width: 350px; height: 25px;"></table></p> <p>Level - Unit <table border="1" style="display: inline-table; vertical-align: middle;"><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> - <table border="1" style="display: inline-table; vertical-align: middle;"><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>Building Name <table border="1" style="display: inline-table; width: 350px; height: 25px;"></table></p> <p>Postal Code <table border="1" style="display: inline-table; vertical-align: middle;"><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" style="display: inline-table; width: 350px; height: 25px;"></table></p> <p>Line 2 <table border="1" style="display: inline-table; width: 350px; height: 25px;"></table></p> <p>Line 3 <table border="1" style="display: inline-table; width: 350px; height: 25px;"></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 or Partners' Name <i>(if Sole Proprietorship or Partnership)</i></p>	<table border="1" style="width: 300px; height: 30px; margin-bottom: 5px;"></table> <table border="1" style="width: 300px; height: 30px; margin-bottom: 5px;"></table> <table border="1" style="width: 300px; height: 30px; margin-bottom: 5px;"></table> <table border="1" style="width: 500px; height: 50px;"></table>																															

PART 5 Extension of Time Request Details*

Applicable Due Date* (DD/MM/YYYY)	<table border="1" style="width: 100%; height: 20px;"> <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> </tr> </table>										
No. of prior extension of time request filed*	<input style="width: 100%;" type="text"/>										
Is this the first request for an extension of time for the relevant matter for which an extension is sought?*	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Duration of extension requested for:*	<input style="width: 50%;" type="text"/> Weeks or <input style="width: 50%;" type="text"/> Months										
Extension of Time in Relation to:* (Note: Cross only one checkbox)	<input type="checkbox"/> Counter-Statement <input type="checkbox"/> Evidence <input type="checkbox"/> Taxation Matters <input type="checkbox"/> Others <input style="width: 300px;" type="text"/>										
Reason for Extension of Time Request*	<div style="border: 1px solid black; height: 100px;"></div>										

PART 6 Contact Details*

Note:

- 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.
- b. The address for service in Singapore need not be filled up if the person's address in Part 4 is to be used as an address for service in Singapore.
- c. For the purpose of this proceeding, 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.
- d. Please file Form CM1 if you are a different agent or Form CM2 if you have changed your address for service in Singapore.

Agent UEN/ Company Code	<table border="1" style="width: 100%; height: 20px;"> <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> </tr> </table>										
Agent Name	<input style="width: 100%;" type="text"/>										

Representative or C/O Name	<input type="text"/>
	<p>Address for Service in Singapore</p> <p>Block/ House No. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Street Name <input type="text"/></p> <p>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"/></p> <p>Building Name <input type="text"/></p> <p>Postal Code <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Contact Person <i>(if applicable)</i></p> <p>Direct Telephone No. <i>(if applicable)</i></p> <p>Email Address <i>(if applicable)</i></p>	<p><input type="text"/></p> <p><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"/></p> <p><input type="text"/></p>
PART 7 Attachments	
Please attach all supporting documents.	
PART 8 Declaration*	
Declaration	<p><u>By Person Filing the Form</u></p> <p>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.</p> <p><u>By Agent</u></p> <p>I, the undersigned, do hereby declare that :</p> <p>i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.</p> <p>ii. 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.</p>
<p>This part is only for Patents or Designs cases and these requests in Trade Marks cases:</p> <p>- Request under rule 31, 32 to 34, or 58 if Form TM11, HC6 or TM28 respectively is filed before 31 January 2017</p>	<p><input type="checkbox"/> Consent of the other party to the proceeding has been sought.</p> <p><input type="checkbox"/> Consent of the other party to the proceeding has been obtained.</p>

<p>- Request under rule 77 filed before 31 January 2017.</p> <p>Please note that it is mandatory that consent is either obtained or sought.</p>	
<p>This part is only for these requests in Trade Marks cases:</p> <p>- Request under rule 31, 32 to 34, or 58 if Form TM11, HC6 or TM28 respectively is filed on or after 31 January 2017</p> <p>- Request under rule 77 filed on or after 31 January 2017.</p> <p>Please note that it is mandatory to serve a copy of this form on the other party and every person likely to be affected by the extension.</p>	<p><input type="checkbox"/> A copy of this form will be served on the other party and every person likely to be affected by the extension at the same time.</p> <p><input type="checkbox"/> (If applicable) The identity and address of “every person likely to be affected by the extension”, apart from the other party, on whom I will serve this form are:</p> <p>Identity: <input type="text"/></p> <p>Address: <input type="text"/></p>
<p>Name</p>	<input type="text"/>
<p>Signature</p> <p>Date (DD/MM/YYYY)</p>	<input type="text"/> <input type="text"/>
<p>No. of Extra Sheets Attached to this Form</p>	<input type="text"/> sheet(s)

GST	GST INFORMATION
Tax Invoice (Payable request only)*	
<p><i>Note:</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.</p>	
<p>Name (Tax invoice to be issued to)</p>	<p>The name of the requestor (as in Part 4 of this form) should be inserted in this field. If Part 4 is left empty, please insert the name of the applicant/proprietor (as in Part 3 of this form).</p> <div data-bbox="544 645 1358 761" style="border: 1px solid black; height: 50px; width: 100%;"></div>