


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

<p>FORM HC4</p>  <p>*5104*</p>	<p>Request for Ex Parte Hearing</p>
<p><u>Pre-requisites:</u> a. If you intend to attach any documents to this application, please have a copy of the said documents ready.</p> <p><u>Estimated Time:</u> This form may take approximately 1 - 5 minutes to complete.</p> <p><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</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"/>
PART 3 Name of Applicant/ Proprietor*	
<u>Note:</u> If there is insufficient space, please use the continuation sheet in CS 4.	
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 Hearing*	
<u>Note:</u> 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.	
UEN/ Company Code <i>(if applicable)</i>	<input style="width: 100%; height: 20px;" type="text"/>
Name	<input style="width: 100%; height: 40px;" type="text"/>

<p style="text-align: center;">Address</p>	<p style="text-align: center;">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. <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>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"/><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"/><input type="text"/></p>
	<p style="text-align: center;">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> <p>Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>

Email Address <i>(if applicable)</i>	<input type="text"/>										
PART 7 Attachments											
Please attach any 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.</p> <p><u>By Agent</u></p> <p>I, the undersigned, do hereby declare that :</p> <ul style="list-style-type: none"> i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form. ii. The information furnished above on behalf of the person(s) filing this form is true to the best of the person(s)' knowledge. 										
Name Signature Date <i>(DD/MM/YYYY)</i>	<input type="text"/> <input type="text"/> <table border="1" style="width: 100%; height: 20px;"> <tr> <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>										
No. of Extra Sheets Attached to this Form	<input type="text"/> sheet(s)										

GST	GST INFORMATION
Tax Invoice*	
<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>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="544 647 1358 761" style="border: 1px solid black; height: 50px; width: 100%;"></div>