

FORM HC4	Request for hearing at which only the party making the request is present
<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	
My Reference	<input type="text"/>
IPOS Reference (if applicable)	<input type="text"/>
PART 2 Application No.*	
Application No.*	<input type="text"/>
International Registration No. (for Trade Marks only)	<input 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 (if applicable)	<input type="text"/>
Name	<input type="text"/>
Sole Proprietor or Partners' Name (if sole proprietorship or partnership)	<input type="text"/>
PART 4 Details of Person filing this Request for Hearing*	
<i>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.</i>	
UEN/ Company Code (if applicable)	<input type="text"/>
Name	<input 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 style="width: 150px; height: 25px;" type="text"/></p> <p>Street Name <input style="width: 350px; height: 25px;" type="text"/></p> <p>Level - Unit <input style="width: 250px; height: 25px;" type="text"/></p> <p>Building Name <input style="width: 350px; height: 25px;" type="text"/></p> <p>Postal Code <input style="width: 150px; height: 25px;" type="text"/></p>
	<p style="text-align: center;">Foreign Address</p> <p>Line 1 <input style="width: 350px; height: 25px;" type="text"/></p> <p>Line 2 <input style="width: 350px; height: 25px;" type="text"/></p> <p>Line 3 <input style="width: 350px; height: 25px;" 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 style="width: 300px; height: 25px;" type="text"/></p> <p><input style="width: 300px; height: 25px;" type="text"/></p> <p><input style="width: 300px; height: 25px;" type="text"/></p> <p><input style="width: 500px; height: 45px;" type="text"/></p>

PART 5 Request Details*

Note : Please briefly describe the subject matter and/ or issues to be brought before the Registrar.

I/ We Hereby Request a
Hearing Before the
Registrar in Relation to
the Above Application in
Respect of*:

PART 6 Contact Details*

Note:

- 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.*
- 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.*
- 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.*
- 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

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.
(if applicable)

Email Address
(if applicable)

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. 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> <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. I understand that I may be liable for criminal prosecution for providing any false information in this application.
Name	<input type="text"/>
Signature	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>
No. of Extra Sheets Attached to this Form	<input type="text"/> sheet(s)

GST	GST INFORMATION
Tax Invoice*	
<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="560 591 1374 705" style="border: 1px solid black; height: 50px; width: 100%;"></div>