SINGAPORE TRADE MARKS ACT 1998 / PATENTS ACT 1994 / REGISTERED DESIGNS ACT 2000 / GEOGRAPHICAL INDICATIONS ACT 2014

TRADE MARKS RULES / PATENT RULES / REGISTERED DESIGNS RULES / GEOGRAPHICAL INDICATIONS RULES 2019

FORM HC5	Request for Grounds of Decision	
Pre-requisites: a. If you intend to attach any documents to this application, please have a copy of the said documents ready.		
Estimated Time: This form may take approximately 1 - 4 minutes to complete.		
General a. * denotes mandatory field. b. For Patents, attention is drawing Patents (Patent Agents) Rules	n to sections 104 and 105 of the Patents Act, rules 90 and 105 of the Patents Rules, and the s 2001	
PART 1 Reference		
My Reference		
IPOS Reference (if applicable)		
PART 2 Application No	*	
Application No.*		
International Registration No. (for Trade Marks only)		
Case No.*		
PART 3 Name of Applic	cant/ Proprietor*	
	please use the continuation sheet in CS 4.	
UEN/ Company Code (if applicable)		
Name		
Sole Proprietor or Partners' Name (if sole proprietorship or partnership)		
PART 4 Details of Pers	on Filing this Request for Grounds of Decision*	
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.		
UEN/Company Code (if applicable)		
Name		

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Address	for the pu	gapore address is to be used as the address for service urposes of this application. is is crossed, it is not necessary to fill up the address for service in
	Street Name	
	Level - Unit	
	Building Name	
	Postal Code	
	Foreign Address	
	Line 1	
	Line 2	
	Line 3	
Nationality or Country of Incorporation*		
State of Incorporation (mandatory for USA corporations)		
Country of Residency (mandatory for individuals)		
Sole Proprietor or Partners' Name (if sole proprietorship or partnership)		
PART 5 Hearing Inform	ation*	
Date of Hearing* (DD/MM/YYYY)		
Date of Registrar's Decision* (DD/MM/YYYY)		

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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) Email Address (if applicable) PART 7 Attachments Please attach any supporting documents.	Service in Singapore" should be "Representative or C/O Name" b. The address for service in Singapore. c. For the purpose of this proceed in this box, and must be the sa	e completed. Where ar and "Address for Serv. gapore need not be fille ding, official correspond ame as the one on our r	"Agent UEN/ Company Code", "Agent Name" and "Address for individual or an agent without UEN is appointed, the sub-field ice in Singapore" should be completed instead. If the person's address in Part 4 is to be used as an address for dence will be sent to the address for service in Singapore as indicated ecord. The person of the indicated agency of the control of
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) Email Address (if applicable)			
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) Email Address (if applicable)	Agent Name		
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	-		
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		Address for Serv	vice in Singapore
Level - Unit Building Name Postal Code Contact Person (if applicable) Direct Telephone No. (if applicable) Email Address (if applicable) PART 7 Attachments			
Building Name Postal Code Contact Person (if applicable) Direct Telephone No. (if applicable) Email Address (if applicable) PART 7 Attachments		Street Name	
Name Postal Code Contact Person (if applicable) Direct Telephone No. (if applicable) Email Address (if applicable) PART 7 Attachments		Level - Unit	
Contact Person (if applicable) Direct Telephone No. (if applicable) Email Address (if applicable) PART 7 Attachments		_	
(if applicable) Direct Telephone No. (if applicable) Email Address (if applicable) PART 7 Attachments		Postal Code	
Email Address (if applicable) PART 7 Attachments			
(if applicable) PART 7 Attachments			
Please attach any supporting documents.	PART 7 Attachments		
	Please attach any supportin	g documents.	

PART 6

Contact Details*

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PART 8 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 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			
Signature			
Date (DD/MM/YYY)			
No. of Extra Sheets Attached to this Forn	Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι Ι		

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GST	GST INFORMATION	
Tax Invoice*		
Note: 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.		
Name (Tax invoice to be issued to)	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).	

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