

Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	
PART 4 Type of Request*	
<i>Please cross the relevant box to indicate the type of request. Note that separate forms should be used for different requests</i>	
Type of Request* <i>(Note: Cross only one checkbox)</i>	<input type="checkbox"/> Request to appoint or change an agent. <i>(Please fill up Part 5, 8-10)</i>
	<input type="checkbox"/> Request to remove an agent on record. <i>(Please fill up Part 5-10)</i>
PART 5 Matter on which the Agent is Authorised for	
<i>Note:</i> <i>(i) For all matters on behalf of the Respondent for revocation, invalidation, rectification or opposition, please select <Others></i> <i>(ii)** If registration/grant has been renewed at least once, this selection will not update the address for service on renewal matters. To update the address for service on renewal matters as well as the Master address for service, please select <Renewal and all matters relating to registration/ grant> option.</i>	
Matter on which the Agent is Authorised for <i>(Note: Cross only one checkbox)</i>	<input type="checkbox"/> For all matters relating to the application, registration/ grant**, except those matters expressly excluded <input type="checkbox"/> Renewal and all matters relating to registration/ grant <input type="checkbox"/> Renewal <input type="checkbox"/> For all matters relating to the licence <i>(Specify Licence Reference No.)</i> <input type="checkbox"/> For all matters relating to the security interest <i>(Specify Security Interest Reference No.)</i> <input type="checkbox"/> For all matters on behalf of the Initiator for revocation, invalidation or rectification or opposition <i>(Specify Case No.)</i> <input type="checkbox"/> Form MM2(E) <i>(for Trade Marks)</i> <input type="checkbox"/> Other MM Forms except MM1, MM2, MM3, MM16, MM17 and MM18 <i>(for Trade Marks)</i> <input type="checkbox"/> Others <i>(Please state the specific transaction)</i>

PART 6 Details of Agent on Record to be Removed*Note:**For removal of agent authorised for all matters, please complete Part 6A. For removal of agent authorised for other matters, please complete Part 6B.***PART 6A Agent Authorised for All Matters**UEN/ Company Code
(if applicable)

Name

PART 6B Agent Authorised for Other MattersUEN/ Company Code
(if applicable)

Name

PART 7 New Address for Service**Note: Fill this part if "Request to remove agent on record" is indicated in Part 4 of the Form.**a. The official correspondence will be sent to the address for service in Singapore as indicated in this box.*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 8 Effective Date for Change

Note: Any effective date entered must not be more than 1 month from the date of request. If no effective date is entered, the above changes will take effect immediately.

Effective Date for Change
(DD/MM/YYYY)

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PART 9 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 official correspondence will be sent to the address for service in Singapore as indicated in this box.

Agent UEN/ Company Code

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Agent Name

Representative or C/O Name

Address for Service in Singapore

Block/ House No.

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Street Name

Level - Unit

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Building Name

Postal Code

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Contact Person
(if applicable)

Direct Telephone No.
(if applicable)

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Email Address
(if applicable)

PART 10 Declaration*

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