**GEOGRAPHICAL INDICATIONS ACT 2014**

**GEOGRAPHICAL INDICATIONS RULES 2019**

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| **FORM CM12** | **Request for Certified Copy of Entry in Register, Certified Extract from Register or Certified Copy of Form Pertaining to Application for Registration;**  **Certifying Document Issued by Registrar** | | | | | | |
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| *Estimated time:*  *This form may take approximately 3 - 6 minutes to complete.*  *Notes:*   1. *\* denotes mandatory fields.* 2. *Certifying document issued by Registrar service (request for wet-ink signature and stamp) is only applicable for a Geographical Indication document issued by IPOS to you.* 3. *The fee for this form is payable in respect of each certified copy or certified extract. Any fee paid is not refundable.* | | | | | | | |
| **PART 1** | **Your reference** | | | | | | |
| **Your reference**  *(if any)* |  | | | | | | |
| **PART 2** | **Geographical Indication No.\*** | | | | | | |
| **Geographical Indication No.** |  | | | | | | |
| **PART 3** | **Party filing this request\*** | | | | | | |
| **This form is filed by**  *(Cross one box only)* | Applicant/Registrant of the abovementioned Geographical Indication No.  Other party who is not the Applicant/Registrant of the abovementioned Geographical Indication No.  *(Please state the party’s name below)* | | | | | | |
| **Name** | | | |  | | |
| **PART 4** | **Nature of request\*** | | | | | | |
| 1. **Nature of request**   *(Note:If you wish to request for wet-ink signature and stamp for the certified copy, please select option 4 together with option 1, 2 or 3.* |  | | Certified copy of the application for registration as it was applied for | | | | |
|  | | Certified copy of the application for registration or the registration as it is now | | | | |
| *If you wish to certify a document issued by IPOS to you, please select option 4 only and provide the document to be certified.)* |  | | | Certified copy of entry or extract from the register  *(Please list the category of information from the Register which you require as from (DD/MM/YYYY) to (DD/MM/YYYY)* | | | |
|  |  | | | Start Date  *(DD/MM/YYYY)* | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |
|  |  | | | End Date  *(DD/MM/YYYY)* | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |
|  |  | | | Certifying document issued by Registrar (includes wet-ink signature and stamp) | | | |
| 1. **Type of copy**   *(Cross one box only)* |  | **Hard copy**  **Soft copy** | | | | | |
| **PART 5** | **Number of copies\*** | | | | | | |
| *Notes:*  *The fee payable is in respect of each certified copy or certified extract.* | | | | | | | |
| **Number of copies required**  *(only applicable for hardcopy)* |  | | | | | | |
| **PART 6** | **Contact details\*** | | | | | | |
| *Notes:*   1. *If an agent is appointed to act on behalf of the party filing this request, please indicate the agent’s Unique Entity Number (UEN) or Company Code (assigned by IPOS), agent’s name and agent’s address for service in Singapore.* 2. *Official correspondence will be sent electronically via IPOS Digital Hub..* | | | | | | | |
| **Representation Type** | Self Representation  Agent/Representative | | | | | | |
| **Agent UEN /**  **Company Code**  *(if available)* | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | | | | | | |
| **Agent Name** |  | | | | | | |
| **C/O Name**  *(if applicable)* |  | | | | | | |
| **Address for Service**  **in Singapore** | Block / House No. | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | |
| Street Name | | | | |  | |
| Level - Unit | | | | | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | - |  |  |  |  |  | | |
| Building Name | | | | |  | |
| Postal Code | | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | | |
| **Name of Contact Person** |  | | | | | | |
| **Direct Telephone No. in Singapore**  *(if available)* | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | | | | | |
| **Email Address**  *(if available)* | *By providing an email address, you consent that we may contact you by email in relation to this request. You can expect to receive payment instructions via email.* | | | | | | |

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| **PART 7** | **Formal Declaration\*** |
| **Declaration** | **By Party Filing this Request** |
| I 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 request. |
| **By Agent / Representative**  I hereby declare that:   1. I have been duly authorised to act as an agent, for the purpose of this request, on behalf of the party filing this form. 2. The information furnished above on behalf of that party is true to the best of that party’s knowledge. I understand that I may be liable for criminal prosecution for providing any false information in this request. |
| **Name of Declarant** |  |
| **Signature** |  |
| **Date** | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |   *(DD/MM/YYYY)* |

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| **GST** | **GST INFORMATION** |
| **Tax invoice\*** | |
| *Notes:*  *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 party filing the request (as indicated in Part 3 of this form) is to be specified in this field.* |