**GEOGRAPHICAL INDICATIONS ACT 2014**

**GEOGRAPHICAL INDICATIONS RULES 2019**

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| **FORM CM13** | **Request for Continued Processing of an Application**  **for Registration of Geographical Indication**  **That Was Treated as Abandoned** | |
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| *Pre-requisite:*  *You will need the following to complete the form:*   1. *In respect of a request for continued processing, the time period specified by the Registrar to comply with rule 86 of the Geographical Indications Rules 2019.*   *Estimated time:*  *This form may take approximately 2 - 7 minutes to complete.*  *Notes:*   1. *\* denotes mandatory fields.* 2. *The fee for this form is payable in respect of each geographical indication. Any fee paid is not refundable.* 3. *Only the applicant for registration of the geographical indication may make this request.* | | |
| **PART 1** | **Reference** | |
| **Your reference**  *(if any)* |  | |
| **IPOS reference\*** |  | |
| **PART 2A** | **Request for continued processing** | |
| *Notes:*  *Please note that:*   1. *the request must be made within 2 months from the expiry of the period prescribed by the Registrar for the applicant to respond; and* 2. *the applicant for registration of the geographical indication must, at the time of making this request, do the act(s) stated in the Registrar’s written notice to which the applicant has failed to respond in time (i.e. make written representations, apply to amend the application for registration, and/or furnish information or evidence).* | | |
| **Geographical Indication No.** | |  | | --- | |  | | |
| **Deadline to respond to the Registrar’s written notice** | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |   *(DD/MM/YYYY)* | |
| **The applicant has**  *(Cross at least one box)* | Made representations in writing | |
| Applied to amend the application for registration by filing the relevant form | |
| Furnished the information or evidence required by the Registrar | |
| **PART 5** | **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 relating to this request will be sent to the address for service in Singapore as indicated in this Part. The address for service must be the same as the one in our records. If you are not the current agent on record or you have changed your address for service in Singapore, please also file Form CM1 or Form CM2 respectively when you submit this application/request.* 3. *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.* | |
| **PART 6** | **Formal Declaration\*** | |
| **Declaration** | **By Party Filing the Request** | |
| I hereby declare that:  The information furnished 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 request. 2. The information furnished 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 applicant filing the request is to be specified in this field.* |