

GEOGRAPHICAL INDICATIONS ACT 2014
GEOGRAPHICAL INDICATIONS RULES 2019

FORM CM2	Application to Change Name, Address, Singapore Address for Service, or Other Particular of Applicant, Registrant, Agent or Other Party in the Register
<p><u>Estimated time:</u> This form may take approximately 5 - 8 minutes to complete.</p> <p><u>Notes:</u> a. * denotes mandatory fields. b. Please note that any fee paid is not refundable. c. If you wish to apply to change the registrant of a geographical indication, please file Form CM8 instead.</p>	
PART 1	Your reference
Your reference <i>(if any)</i>	
PART 2	Party affected by the change*
<p><u>Notes:</u> Each application may only be filed to change the particular of <u>one</u> party.</p>	
Affected party <i>(Cross one box only)</i> UEN / Company Code <i>(if available)</i> Name	<div style="display: flex; align-items: center; margin-bottom: 10px;"> <input style="width: 30px; height: 20px; margin-right: 10px;" type="checkbox"/> Agent </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <input style="width: 30px; height: 20px; margin-right: 10px;" type="checkbox"/> Applicant, Registrant, or other Interested Party </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
PART 3	Type of change
<p><u>Notes:</u> You may apply for more than one type of change as long as they pertain to the same party indicated in Part 2.</p>	
PART 3A	Change of name
<p><u>Notes:</u> In respect of a change in the name of the affected party: This form is only applicable if the change in name <u>does not change the legal entity of the party</u>. If there is a change in the legal entity, please file the other relevant form (e.g. to change the registrant on record, please file Form CM8 instead to transfer the registration of the geographical indication to another party).</p>	
New name of the affected party New name of sole proprietor or partner <i>(where the affected party is a sole proprietorship or a partnership)</i>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

PART 3B	Change of address
New address (Please provide <u>either</u> a Singapore address or an overseas address)	<div data-bbox="544 212 770 246">Singapore address</div> <div data-bbox="544 275 762 309">Block / House No.</div> <div data-bbox="798 264 991 327"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </div> <div data-bbox="606 360 762 394">Street Name</div> <div data-bbox="798 356 1390 418"> <input type="text"/> </div> <div data-bbox="620 452 764 486">Level - Unit</div> <div data-bbox="798 441 1142 504"> <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"/> </div> <div data-bbox="582 535 762 571">Building Name</div> <div data-bbox="798 526 1394 589"> <input type="text"/> </div> <div data-bbox="609 622 762 656">Postal Code</div> <div data-bbox="798 609 1027 672"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </div> <div data-bbox="549 692 1362 743"> <i>Note: Please ensure that the address for service is also updated, if applicable, under Part 3C.</i> </div> <div data-bbox="541 777 764 808">Overseas address</div> <div data-bbox="624 846 702 878">Line 1</div> <div data-bbox="766 833 1390 896"> <input type="text"/> </div> <div data-bbox="624 929 703 960">Line 2</div> <div data-bbox="766 920 1390 983"> <input type="text"/> </div> <div data-bbox="624 1021 703 1052">Line 3</div> <div data-bbox="766 1012 1390 1075"> <input type="text"/> </div>
PART 3C	Change of address for service in Singapore
Notes: This part is not applicable for changing the address for service in relation to a matter which is represented by an agent. i. As the agent's address is treated as the address for service in connection with the matters he has been authorised to act, the affected party in Part 2 should be the agent and the agent's new address in Singapore should be filled under Part 3B. The agent's new address will be updated for all matters for which the agent has been authorised to act. ii. If you would like to discharge the agent and record your Singapore address as the address for service, please file Form CM1 instead.	
New representative or C/O name (if applicable)	<input type="text"/>
New address for service in Singapore	<div data-bbox="549 1534 608 1594"> <input type="checkbox"/> </div> <div data-bbox="643 1534 1394 1597"> This address for service is to be used for contact purposes in relation to this application. </div> <div data-bbox="544 1644 762 1677">Block / House No.</div> <div data-bbox="798 1632 991 1695"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </div> <div data-bbox="606 1727 762 1760">Street Name</div> <div data-bbox="798 1718 1383 1780"> <input type="text"/> </div> <div data-bbox="620 1816 764 1850">Level - Unit</div> <div data-bbox="798 1803 1142 1865"> <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"/> </div> <div data-bbox="582 1899 762 1933">Building Name</div> <div data-bbox="798 1890 1394 1953"> <input type="text"/> </div> <div data-bbox="609 1991 762 2022">Postal Code</div> <div data-bbox="798 1977 1027 2040"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> </div>

PART 3D	Change of other particular										
<p><u>Notes:</u></p> <p>a. Please fill in the relevant fields under "Legal entity" or "Individual".</p> <p>b. This form is only applicable if the change to the particulars of the party indicated in Part 2 <u>does not change the legal entity</u> of the party. If there is a change in the legal entity, please file the other relevant form (e.g. to change the registrant on record, please file Form CM8 instead to transfer the registration of the geographical indication to another party).</p>											
<p><u>Legal entity</u></p> <p>Country/Region of incorporation* <input style="width: 540px; height: 25px; border: 1px solid black;" type="text"/></p> <p>State of incorporation (mandatory for US corporations) <input style="width: 540px; height: 25px; border: 1px solid black;" type="text"/></p>											
<p><u>Individual</u></p> <p>Nationality* <input style="width: 540px; height: 25px; border: 1px solid black;" type="text"/></p> <p>Country/Region of residency* <input style="width: 540px; height: 25px; border: 1px solid black;" type="text"/></p>											
PART 4	Affected geographical indication(s)										
<p><u>Notes:</u></p> <p>a. Please choose if the change is to be effected for all valid geographical indication(s) or only selected geographical indication(s) with the particular of the affected party.</p> <p>b. If the affected party is an agent, please skip this part. The change (if allowed) will be effected for all valid geographical indications for which the agent is appointed.</p>											
<p>The change is effective for</p>	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input style="width: 30px; height: 25px; border: 1px solid black;" type="checkbox"/> </div> <div> <p>All valid geographical indication(s)</p> </div> </div> <div style="margin-top: 10px;"> <input style="width: 30px; height: 25px; border: 1px solid black;" type="checkbox"/> </div> <div style="margin-top: 5px;"> <p>Selected geographical indications</p> <p><i>Please state the Geographical Indication No.:</i></p> <input style="width: 350px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 350px; height: 25px; border: 1px solid black; margin-top: 5px;" type="text"/> <input style="width: 350px; height: 25px; border: 1px solid black; margin-top: 5px;" type="text"/> </div> <p style="font-size: small; margin-top: 10px;">Please use the continuation sheet CS3 if the fields above are insufficient.</p>										
PART 5	Effective date										
<p><u>Notes:</u></p> <p>a. Please specify the date on which the change should take effect. The effective date must be any date that is up to one month from the day this form is filed.</p> <p>b. If an effective date is not indicated, the change will take effect on the day this form is filed.</p>											
<p>Effective date</p>	<div style="text-align: center;"> <table border="1" style="border-collapse: collapse; margin: 0 auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="font-size: small;">(DD/MM/YYYY)</p> </div>			/			/				
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PART 6	Contact details*
<p><u>Notes:</u></p> <p>a. If an agent is appointed to act on behalf of the registrant for this application, 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.</p> <p>b. If you have provided a Singapore address for service in Part 3C and checked the box in that field, you do not have to fill in this part.</p> <p>c. Official correspondence relating to this application will be sent to the address for service in Singapore as indicated in this Part or in Part 3C, where applicable.</p>	
<p>Agent UEN / Company Code (if available)</p> <p>Agent Name</p>	<div data-bbox="552 434 933 497" style="border: 1px solid black; height: 28px; width: 239px; margin-bottom: 10px;"></div> <div data-bbox="552 530 1394 593" style="border: 1px solid black; height: 28px; width: 528px;"></div>
<p>C/O Name (if applicable)</p>	<div data-bbox="552 645 1394 707" style="border: 1px solid black; height: 28px; width: 528px;"></div>
<p>Address for Service in Singapore</p>	<div style="display: flex; flex-direction: column; gap: 10px;"> <div> <p>Block / House No.</p> <div data-bbox="799 759 991 822" style="border: 1px solid black; height: 28px; width: 120px;"></div> </div> <div> <p>Street Name</p> <div data-bbox="799 846 1394 909" style="border: 1px solid black; height: 28px; width: 373px;"></div> </div> <div> <p>Level - Unit</p> <div style="display: flex; align-items: center; gap: 5px;"> <div data-bbox="799 934 916 996" style="border: 1px solid black; height: 28px; width: 73px;"></div> - <div data-bbox="952 934 1144 996" style="border: 1px solid black; height: 28px; width: 120px;"></div> </div> </div> <div> <p>Building Name</p> <div data-bbox="799 1019 1394 1081" style="border: 1px solid black; height: 28px; width: 373px;"></div> </div> <div> <p>Postal Code</p> <div data-bbox="799 1104 1027 1167" style="border: 1px solid black; height: 28px; width: 143px;"></div> </div> </div>
<p>Contact Person</p> <p>Direct Telephone No. in Singapore (if available)</p> <p>Email Address (if available)</p>	<div data-bbox="552 1205 1399 1267" style="border: 1px solid black; height: 28px; width: 531px; margin-bottom: 10px;"></div> <div data-bbox="552 1292 858 1355" style="border: 1px solid black; height: 28px; width: 192px; margin-bottom: 10px;"></div> <div data-bbox="552 1391 1394 1453" style="border: 1px solid black; height: 28px; width: 528px;"></div> <p style="font-size: small; margin-top: 10px;">By providing an email address, you consent that we may contact you by email in relation to this application.</p>

GST	GST INFORMATION
Tax invoice*	
<p><u>Notes:</u></p> <p><i>Tax invoice will be issued to the entity/individual as indicated in the field below. 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.</i></p>	
<p>Name (Tax invoice to be issued to)</p>	<p><i>The name of the party filing the application (as indicated in Part 2 of this form) should be specified in this field.</i></p> <div data-bbox="545 546 1358 660" style="border: 1px solid black; height: 50px; margin-top: 10px;"></div>