**GEOGRAPHICAL INDICATIONS ACT 2014**

GEOGRAPHICAL INDICATIONS RULES 2019

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| **FORM CM2** | | **Application to Change Name, Address, Singapore Address for Service, or Other Particular of Applicant, Registrant, Agent or Other Party in the Register** | |
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| *Estimated time:*  *This form may take approximately 5 - 8 minutes to complete.*  *Notes:*   1. *\* denotes mandatory fields.* 2. *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.* | | | |
| **PART 1** | | **Your reference** | |
| **Your reference**  *(if any)* | |  | |
| **PART 2** | | **Party affected by the change\*** | |
| *Notes:*  *Each application may only be filed to change the particular of one party.* | | | |
| **Affected party**  (*Cross one box only*) | | Agent | |
|  | | Applicant, Registrant, or other Interested Party | |
| **UEN / Company Code**  *(if available)* | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | |
| **Name** | |  | |
| **PART 3** | | **Type of change** | |
| *Notes:*  *You may apply for more than one type of change as long as they pertain to the same party indicated in Part 2.* | | | |
| **PART 3A** | | **Change of name** | |
| *Notes:*  *In respect of a change in the name of the affected party: This form is only applicable if the change in name does not change the legal entity 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).* | | | |
| **New name of the affected party** | |  | |
| **New name of sole proprietor or partner**  *(where the affected party is a sole proprietorship or a partnership)* | |  | |
| **PART 3B** | | **Change of address** | |
| **New address**  *(Please provide either a Singapore address or an overseas address)* | | Singapore address | |
| Block / House No. | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |
|  | | Street Name |  |
| Level - Unit | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | - |  |  |  |  |  | |
|  | | Building Name |  |
|  | | Postal Code | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| *Note: Please ensure that the address for service is also updated, if applicable, under Part 3C.* | |
|  | | Overseas address  Line 1  Line 2  Line 3 | |
| **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.*   * 1. *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.*   2. *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)* | |  | |
| **New address for service in Singapore** | | This address for service is to be used for contact purposes in relation to this application. | |
| Block / House No. | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |
| Street Name |  |
| Level - Unit  Building Name  Postal Code | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | - |  |  |  |  |  | |
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| **PART 3D** | | **Change of other particular** | |
| *Notes:*   1. *Please fill in the relevant fields under “Legal entity” or “Individual”.* 2. *This form is only applicable if the change to the particulars of the party indicated in Part 2 does not change the legal entity 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).* | | | |
| Legal entity | | | |
| **Country/Region of incorporation\*** |  | | |
| **State of incorporation**  *(mandatory for US corporations)* |  | | |
| Individual |  | | |
| **Nationality\*** |  | | |
| **Country/Region of residency\*** |  | | |
| **PART 4** | | **Affected geographical indication(s)** | |
| *Notes:*   1. *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.* 2. *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.* | | | |
| **The change is effective for** | | All valid geographical indication(s) | |
|  | | Selected geographical indications  *Please state the Geographical Indication No.:*  *Please use the continuation sheet CS3 if the fields above are insufficient.* | |
| **PART 5** | | **Effective date** | |
| *Notes:*   1. *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.* 2. *If an effective date is not indicated, the change will take effect on the day this form is filed.* | | | |
| **Effective date** | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |   *(DD/MM/YYYY)* | |

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| **PART 6** | **Contact details\*** | |
| *Notes:*   1. *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.* 2. *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.* 3. *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.* | | |
| **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 | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| **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 application.* | |

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| **PART 7** | **Declaration\*** |
| **Declaration** | **By affected party indicated in Part 2**  I, the undersigned, do hereby declare that:   1. Where the request is made to change the name or other particulars on record, the change does not pertain to the legal entity. 2. 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 / Representative**  I, the undersigned, do hereby declare that:   1. I have been duly authorised to act as an agent, for the purpose of this application, on behalf of the party indicated in Part 2. 2. Where the request is made to change the name or other particular of the party in the register, the party declares that the change does not pertain to its legal entity. 3. The information furnished above on behalf of the 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 application. |
| **Name** |  |
| **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 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.* | |
| **Name**  (Tax invoice to be issued to) | *The name of the party filing the application (as indicated in Part 2 of this form) should be specified in this field.* |