**GEOGRAPHICAL INDICATIONS ACT 2014**

**GEOGRAPHICAL INDICATIONS RULES 2019**

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| **FORM CM5** | **Request for Extension of Time for Matters Not Relating to Proceedings with Notice** | | | | | |
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| *Estimated time:*  *This form may take approximately 5 - 9 minutes to complete.*  *Notes:*   1. *\* denotes mandatory fields.* 2. *Please note that there is a fee payable for the third or subsequent request for extension of time. Any fee paid is not refundable.* 3. *Requests for extension of time should be filed before the deadline to respond to the Registrar expires.* 4. *Requests for extension of time are subject to the Registrar’s approval. The Registrar may refuse to grant a request if a good and sufficient reason for the extension is not shown.* | | | | | | |
| **PART 1** | **Reference** | | | | | |
| **Your reference**  *(if any)* |  | | | | | |
| **IPOS reference\***  *(mandatory)* |  | | | | | |
| **PART 2** | **Geographical Indication No.\*** | | | | | |
| **Geographical Indication No.** | |  | | --- | |  | | | | | | |
| **PART 3** | **Extension of time in relation to\*** | | | | | |
| **Extension of time in relation to**  *(Cross one box only)* |  | Letter from the Registrar in relation to the following form filed  *(Please specify the form, e.g. “GI1” or “CM8”)* | | | | |
|  |  | Form | | | |  |
|  |  | Other matters *(Please state the specific matter)* | | | | |
|  | **Deadline to respond**  **to the Registrar** | | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |   *(DD/MM/YYYY)* |
| **PART 4** | **Nature of request\*** | | | | | |
| **Nature of request**  *(Cross the appropriate box)* |  | First or second request for extension of time | | | | |
|  |  | Third or subsequent request for extension of time | | | | |
|  |  | **Reason for requesting the extension of time:** | | | | |
|  |  |  | | Executing a Statutory Declaration or compiling evidence to overcome the Registrar's objections | | |
|  |  |  | | Negotiating with the proprietor of an earlier conflicting trade mark | | |
|  |  |  | | Awaiting the conclusion of an inter parte proceeding that affects the registration of the geographical indication indicated in Part 2  *(Please state the type of proceeding and brief details such as the HMD Case No(s).)* | | |
|  |  |  | | Others *(Please state the specific reason below)* | | |
| **PART 5** | **Party requesting for extension of time\*** | | | | | |
| **Party requesting for extension of time** |  | | Applicant / Registrant of the geographical indication indicated in Part 2 | | | |
|  | | Other party appearing in the register  *(if this box is crossed, please complete Part 6 below)* | | | |
| **PART 6** | **Details of the party requesting for extension of time** | | | | | |
| *Notes:*   1. *Please complete this part only if the party requesting for the extension of time (as indicated in Part 5) is not the applicant / registrant of the geographical indication.* 2. *If there is more than one party filing the request, please provide the particulars of the other parties in the continuation sheet CS1.* | | | | | | |
| **UEN / Company Code**  *(if available)* | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | | | | | |
| **Name** |  | | | | | |
| **Address\***  *(Please provide either a Singapore address or an overseas address)* | Singapore address | | | | | |
| This Singapore address is to be used as the address for service for the purpose of this request. | | | | | |
| Block / House No. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | |
| Street Name | | | |  | |
| Level - Unit | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | - |  |  |  |  |  |  | | |
| Building Name | | | |  | |
| Postal Code | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | | |
| Overseas address  Line 1  Line 2  Line 3 | | | | | |
| *(Please fill in the relevant fields under “Legal entity” or “Individual”)*  Legal entity | | | | | | |
| **Country/Region of incorporation\*** |  | | | | | |
| **State of incorporation**  *(mandatory for US corporations)* |  | | | | | |
| **Sole proprietor’s or partners’ name(s)**  *(if sole proprietorship or partnership)* |  | | | | | |
| Individual |  | | | | | |
| **Nationality\*** |  | | | | | |
| **Country/Region of residency\*** |  | | | | | |
| **PART 7** | **Contact details\*** | | | | | |
| *Notes:*   1. *If an agent is appointed to act on behalf of the party requesting for the extension of time, 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 in Part 6 and checked the box in that field, you do not have to fill in this part.* 3. *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 request.* 4. *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 8** | **Formal Declaration\*** | |
| **Declaration** | **By party filing this form** | |
| 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, and 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 application. | |
| **Name** |  | |
| **Signature** |  | |
| **Date**  *(DD/MM/YYYY)* | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | |

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| **GST** | **GST INFORMATION** |
| **Tax invoice (applicable to third or subsequent request for extension of time only)\*** | |
| *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 requesting for extension of time (as indicated in Part 5 of this form) should be specified in this field.* |