**GEOGRAPHICAL INDICATIONS ACT 2014**

GEOGRAPHICAL INDICATIONS RULES 2019

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| **FORM CM9** | **Request to Withdraw Application for** **Registration of Geographical Indication** |
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| *Estimated time:**This form may take approximately 3 - 5 minutes to complete.**Notes:*1. *This form may be filed only by the applicant(s) for registration of the geographical indication.*
2. *\* denotes mandatory fields.*
3. *There is no fee payable for this form.*
 |
| **PART 1** | **Your reference** |
| **Your reference***(if any)* |  |
| **PART 2** | **Geographical Indication No.\*** |
| **Geographical Indication No**. |

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| **PART 3** | **Contact details\*** |
| *Notes:*1. *If an agent is appointed to act on behalf of the applicant(s) for registration of the geographical indication in respect of 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. *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.*
3. *Official correspondence will be sent electronically via IPOS Digital Hub.*
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| **Representation Type** | [ ] Self Representation[ ] Agent/Representative |
| **Agent UEN /** **Company Code***(if available)* |

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| **Agent Name** |  |
| **C/O Name***(if applicable)* |  |
| **Address for Service****in Singapore** | Block / House No. |

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| Street Name |  |
| Level - Unit |

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| Building Name |  |
| Postal Code |

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| **Name of Contact Person** |  |
| **Direct Telephone No. in Singapore***(if available)* |

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| **Email Address***(if available)* | *By providing an email address, you consent that we may contact you by email in relation to this request.*  |
| **PART 4** | **Formal Declaration\*** |
| **Declaration** | **By the applicant for registration of the geographical indication** |
| 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 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 request.
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| **Name of Declarant** |  |
| **Signature** |  |
| **Date***(DD/MM/YYYY)* |

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