**GEOGRAPHICAL INDICATIONS ACT 2014**

GEOGRAPHICAL INDICATIONS RULES 2019

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| **FORM GI2** | **Request for Qualification of Rights** | |
| *Please note that:*   1. *A qualification of the rights may not be made if the qualification when granted would render the registration of a name contained in a geographical indication, or a term which may be a possible translation of a geographical indication, nugatory.* 2. *The ground(s) relied upon must relate to one or more of the grounds specified in section 46(2) of the Geographical Indications Act 2014.* 3. *The request may only be made after the date of publication of an application for registration of a geographical indication and before the geographical indication is registered. If the application for registration has yet to be published in the Geographical Indications Journal, please refrain from filing this form.* 4. *The qualification shall only be entered in the register upon the registration of the geographical indication.* 5. *If the geographical indication is registered, an application may be made to the High Court for an order that a limitation of the scope of any of the rights conferred under the Geographical Indications Act 2014 in respect of a registered geographical indication be entered in the register.*   *Estimated time:*  *This form may take approximately 7 - 10 minutes to complete.*  *Notes:*   1. *\* denotes mandatory fields.* 2. *Please note that any fee paid is not refundable.* | | |
| **PART 1** | **Reference** | |
| **Your reference**  *(if any)*  **IPOS reference**  *(if applicable)* |  | |
| **PART 2** | **Geographical Indication No.\*** | |
| **Geographical Indication No.** |  | |
| **PART 3A** | **Party filing the request\*** | |
| **This form is filed by**  *(Cross one box only)* | Applicant of the Geographical Indication  *(if this box is crossed, please proceed to Part 4)*  Other Party/Parties  *(if this box is crossed, please complete Part 3B below)* | |
| **PART 3B** | **Requestor Details** | |
| *Notes:*   1. *Please complete this part only if you have indicated in Part 3A that the party filing the request for qualification of rights is not the applicant of the geographical indication.* 2. *If there is more than one party filing this request, please provide the particulars of the other parties in the continuation sheet CS1.* | | |
| **UEN / Applicant 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\*** |  | |

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| **PART 4** | **Proposed qualification of rights\*** | |
| *Note:*  *Please state the exact qualification to be entered in the register. The details must correspond with the particulars in the statement of grounds. If satisfied on the ground(s) relied upon, the details entered here shall be published in the Geographical Indications Journal.* | | |
| **Details** |  | |
| **PART 5** | **Supporting documents\*** | |
| *Notes:*   1. *You must provide a statement of the ground(s) relied upon for the request. You may also provide additional evidence in support of your request.* 2. *If the party requesting for the qualification of rights is not the applicant of the geographical indication, the party has to serve a copy of this request and the supporting documents on the applicant of the geographical indication at the same time those documents are filed with the Registrar. Otherwise, the request will not be taken as filed.* | | |
| The statement of ground(s) is attached. | | |
| A copy of the request for qualification of rights and the supporting documents will be served on the applicant of the geographical indication at the same time those documents are filed with the Registrar. | | |
| **PART 6** | **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. *If you have provided a Singapore address in Part 3B and checked the box in that field, you do not have to fill in this part.* 3. *If the party filing the request is the applicant of the geographical indication, the address for service must be the same as the one in our records. Otherwise, you may update the address for service or appoint a new agent by filing Form CM2 or Form CM1 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.* | | |

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| **PART 8** | **Formal Declaration\*** |
| **Declaration** | **By Party Filing the Request**  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 the request. 2. The information furnished on behalf of the party filing the request is true to the best of his/her knowledge. The party understands that he/she 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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| **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 party filing the request (as indicated in Part 3A of this form) is to be specified below.* |