**GEOGRAPHICAL INDICATIONS ACT 2014**

**GEOGRAPHICAL INDICATIONS RULES 2019**

|  |  |  |
| --- | --- | --- |
| **FORM GI3** | **Application to Renew Registration**  **of Geographical Indication** | |
|  |
| *Pre-requisite:*  *You will need the expiry date of the geographical indication to complete this form.*  *Estimated time:*  *This form may take approximately 2 - 7 minutes to complete.*  *Notes:*   1. *\* denotes mandatory fields.* 2. *The fee for this form is payable in respect of each geographical indication. Any fee paid is not refundable.* 3. *If the application for the renewal of registration of a geographical indication is made in the period of 6 months after the date of expiry of the registration, the application must also be accompanied by the post expiration renewal fee.* | | |
| **PART 1** | **Reference** | |
| **Your reference**  *(if any)* |  | |
| **IPOS reference** |  | |
| **Sesame PART 2** | **Application to renew registration of geographical indication(s)** | |
| *Notes:*  *You may file a single Form GI3 to renew the registration of more than one geographical indication. Please provide the details of one geographical indication below and use the continuation sheet CS11 for the remaining geographical indications.* | | |
| **Geographical Indication No.**   |  | | --- | |  | | | **Date of expiry of registration**  *(DD/MM/YYYY)*   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |
| **PART 3A** | **Party filing this application\*** | |
| **This form is filed by or on behalf of**  *(Cross one box only)* | the Registrant of the abovementioned Geographical Indication No.  *(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** | **Particulars of party filing the application for renewal of registration** | |
| *Notes:*   1. *Please complete this part only if you have indicated in Part 3A that the party filing the application for renewal is not the registrant(s).* 2. *If there is more than one party filing the application for renewal, please provide the particulars of the other parties in the continuation sheet CS1.* | | |
| **UEN / Company Code**  *(if available)* | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | |
| **Name** |  | |
| **Address** | Singapore address | |
| *(Please provide either a Singapore address or an foreign address)* | This Singapore address is to be used as the address for service for the purpose of this application. | |
|  | Block / House No. | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |
|  | Street Name |  |
|  | Level - Unit | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | - |  |  |  |  |  | |
|  | Building Name |  |
|  | Postal Code | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
|  | Foreign 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 4** | **Contact details\*** | |
| *Notes:*   1. *If an agent is appointed to act on behalf of the party filing 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 in Part 3B 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 application.* 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 application. You can expect to receive payment instructions via email.* | |
| **PART 6** | **Formal Declaration\*** | |
| **Declaration** | **By Party Filing the Application** | |
| I hereby declare that:  The information furnished 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 hereby declare that:   1. I have been duly authorised to act as an agent/representative, for the purpose of this application, on behalf of the relevant parties. 2. The information furnished 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 of Declarant** |  | |
| **Signature** |  | |
| **Date**  *(DD/MM/YYYY)* | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | |

|  |  |
| --- | --- |
| **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 application (as indicated in Part 3A of this form) is to be specified in this field.* |