

GEOGRAPHICAL INDICATIONS ACT 2014
GEOGRAPHICAL INDICATIONS RULES 2019

FORM GI13	Notice of Objection / Opposition
<p><u>Pre-requisites:</u> Please prepare a statement of the ground(s) relied upon. In addition, please also provide supporting evidence if your opposition relates to a pending geographical indication.</p> <p><u>Estimated Time:</u> This form may take approximately 4 - 8 minutes to complete.</p> <p><u>General</u></p> <p>a. * denotes mandatory fields. b. Please note that any fee paid is not refundable. c. If the declaration "A copy has been served on the other party at the same time." is not selected, the document will not be taken as filed.</p>	
PART 1	Reference
Your Reference <i>(if any)</i>	<input style="width: 100%; height: 25px;" type="text"/>
IPOS Reference <i>(if applicable)</i>	<input style="width: 100%; height: 25px;" type="text"/>
PART 2	Geographical Indication (GI) No.*
GI No.*	<input style="width: 100%; height: 25px;" type="text"/>
Case No.	<input style="width: 100%; height: 25px;" type="text"/>
PART 3	Details of Opponent*
<p><u>Note:</u> If there is insufficient space, please use the continuation sheet CS 1.</p>	
UEN / Company Code <i>(if available)</i>	<input style="width: 100%; height: 25px;" type="text"/>
Name	<input style="width: 100%; height: 40px;" type="text"/>
Address <i>(Please provide either a Singapore address or an overseas address)</i>	<p><u>Singapore address</u></p> <p><input type="checkbox"/> This Singapore address is to be used as the address for service for the purpose of this notice.</p> <p>Block / House No. <input style="width: 100%; height: 25px;" type="text"/></p> <p>Street Name <input style="width: 100%; height: 25px;" type="text"/></p> <p>Level - Unit <input style="width: 100%; height: 25px;" type="text"/> - <input style="width: 100%; height: 25px;" type="text"/></p>

	Building Name <input data-bbox="762 174 1369 237" type="text"/> Postal Code <input data-bbox="762 259 995 322" type="text"/>
	<u>Overseas address</u> Line 1 <input data-bbox="762 427 1369 490" type="text"/> Line 2 <input data-bbox="762 517 1369 580" type="text"/> Line 3 <input data-bbox="762 607 1369 669" type="text"/>
<p><i>(Please fill in the relevant fields under "Legal entity" or "Individual")</i></p> <p><u>Legal entity</u></p> <p>Country/Territory of Incorporation* <input data-bbox="592 815 1369 878" type="text"/></p> <p>State of incorporation <input data-bbox="592 938 1369 1001" type="text"/> <i>(mandatory for US corporations)</i></p> <p>Sole proprietor's or partners' name(s) <input data-bbox="592 1068 1369 1176" type="text"/> <i>(if sole proprietorship or partnership)</i></p>	
<p><u>Individual</u></p> <p>Nationality* <input data-bbox="600 1256 1377 1319" type="text"/></p> <p>Country/Territory of Residency* <input data-bbox="600 1346 1377 1408" type="text"/></p>	
<p>Email Address</p> <p><i>(Please note that if this is given, consent is deemed to have been provided for this to be used as an alternative address under Rule 11(9)(b) for correspondence.)</i></p>	<input data-bbox="600 1476 1377 1538" type="text"/>
<p>PART 4 Type* Request Type*</p>	
<p>This opposition / objection relates to <i>(Cross one box only)</i></p>	<p><input data-bbox="555 1778 616 1841" type="checkbox"/> a pending application to register a geographical indication</p> <p><input data-bbox="555 1868 616 1930" type="checkbox"/> an amendment of a pending application to register a geographical indication after it has been published</p> <p><input data-bbox="555 1957 616 2020" type="checkbox"/> a request for qualification of rights to be entered in the Register</p>

	<input type="checkbox"/> an application for cancellation of registration of a geographical indication <input type="checkbox"/> an application for rectification of the register																								
PART 5	Contact details*																								
<p><i>Note:</i></p> <p>a. If an agent is appointed to act on behalf of the party filing this application/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.</p> <p>b. If you have provided a Singapore address in Part 3 and checked the box in that field, you do not have to fill in this part.</p> <p>c. For the purpose of this proceeding, official correspondence will be sent to the address for service in Singapore as indicated in this part, or Part 3 if the Singapore address is to be used as the address for service.</p>																									
Agent UEN/ Company Code <i>(if available)</i> Agent Name	<table border="0"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="12" style="border: 1px solid black; height: 25px;"></td> </tr> </table>																								
Representative or C/O Name <i>(if applicable)</i>	<table border="1" style="width: 100%; height: 25px;"> <tr> <td></td> </tr> </table>																								
Address for Service in Singapore	<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Block/ House No.</td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> </tr> <tr> <td>Street Name</td> <td style="border: 1px solid black; height: 25px;"></td> </tr> <tr> <td>Level - Unit</td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> - </tr> <tr> <td>Building Name</td> <td style="border: 1px solid black; height: 25px;"></td> </tr> <tr> <td>Postal Code</td> <td style="border: 1px solid black; width: 50px; height: 20px;"></td> </tr> </table>	Block/ House No.		Street Name		Level - Unit		Building Name		Postal Code															
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Building Name																									
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Contact Person Direct Telephone No. in Singapore <i>(if available)</i> Email Address	<table border="1" style="width: 100%; height: 25px;"> <tr> <td></td> </tr> </table> <table border="1" style="width: 50%; height: 25px; margin-top: 10px;"> <tr> <td></td> </tr> </table> <table border="1" style="width: 100%; height: 25px; margin-top: 10px;"> <tr> <td></td> </tr> </table>																								

PART 6	Attachments
<p>For the notice of opposition / objection made in relation to the application for cancellation / rectification / amendment of a pending GI / request for qualification of rights, please attach a Statement of Grounds.</p> <p>For notice of opposition made in relation to a pending application to register a geographical indication, please attach:</p> <p>(i) Statement of Grounds; and (ii) Supporting Evidence (by way of a statutory declaration)</p>	
PART 7	Declaration*
<p>Declaration</p>	<p><u>By Person Filing the Form</u></p> <p>I, the undersigned, do hereby declare that:</p> <p>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.</p> <p><u>By Agent</u></p> <p>I, the undersigned, do hereby declare that</p> <p>i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.</p> <p>ii. The information furnished above on behalf of the person(s) filing this form is true to the best of the person(s)' knowledge. I understand that I may be liable for criminal prosecution for providing any false information in this application.</p>
	<p><input type="checkbox"/> A copy has been served on the other party at same time.</p>
<p>Name</p> <p>Signature</p> <p>Date (DD/MM/YYYY)</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>No. of Extra Sheets Attached to this Form</p>	<p><input type="text"/> sheet(s)</p>

GST	GST INFORMATION
Tax Invoice*	
<p><i>Note:</i> 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.</p>	
<p>Name (Tax invoice to be issued to)</p>	<p>The name of the Opponent (as in Part 3 of this form) is to be indicated in this field.</p> <div data-bbox="544 622 1358 736" style="border: 1px solid black; height: 50px; margin-top: 10px;"></div>

Checklist
<p>Please make sure you have:</p> <ul style="list-style-type: none"> i. Signed and dated the form. ii. Paid the fee for this form or submitted instructions of such payment. <ul style="list-style-type: none"> • For GIRO payment: Please provide instructions for IPOS to deduct the fee from your GIRO account with IPOS. To set up a new GIRO arrangement with IPOS, please refer to https://www.ipos.gov.sg/payment.