GEOGRAPHICAL INDICATIONS ACT 2014

GEOGRAPHICAL INDICATIONS RULES 2019

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| **FORM GI14** | **Request for Grounds of Decision in Objection / Opposition Proceedings** |
| *Pre-requisites:**If you intend to attach any documents to this request, please have a copy of the said documents ready.**Estimated Time:* *This form may take approximately 1 - 4 minutes to complete.**General*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 (GI) No.\*** |
| **GI No.\*** |

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 |
| **Case No.\*** |  |
| **PART 3**  | **Details of Person Filing this Request for Grounds of Decision\*** |
| *Note: If there is insufficient space, please use the continuation sheet in CS 4.* |
| **UEN/Company Code** *(if applicable)* |

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| **Name** |  |
| **Address** | Singapore address |
| *(Please provide either a Singapore address or an overseas address)* |  | This Singapore address is to be used as the address for service for the purposes of this application.  |
|  | Block/ House No. |

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|  | Street Name |  |
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|  | Building Name |  |
|  | Postal Code |

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|  | Overseas address |
|  | Line 1 |  |
|  | Line 2 |  |
|  | Line 3 |  |
| *(Please fill in the relevant fields under “Legal entity” or “Individual”)***Legal entity****Country/Territory of** **Incorporation\*** **State of incorporation***(mandatory for US corporations)***Sole proprietor’s or** **partners’ name(s)***(if sole proprietorship or partnership)* |
| **Individual** **Nationality\*****Country/Territory of** **Residency\*** |
| **Email Address** | *By providing an email address, you consent for this to be used as an alternative address under Rule 11(9)(b) for correspondence.* |
| **PART 4**  | **Hearing Information\*** |
| **Date of Hearing***(DD/MM/YYYY)***Date of Registrar's** **Decision***(DD/MM/YYYY)* |

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| **PART 5**  | **Contact Details\*** |
| *Note:* 1. *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.*
2. *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.*
3. *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.*
4. *Please file Form GI5 if you are a different agent or Form GI6 if you have changed your address for service in Singapore.*
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| **Agent UEN/** **Company Code***(if available)* |

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| **Agent Name** |  |
| **Representative or** **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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| **Contact Person*****(if applicable)*** |  |
| **Direct Telephone No.** **in Singapore** *(if available)* |

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| **Email Address** | *By providing an email address, you consent that we may contact you by email in relation to this document. You can expect to receive payment instructions via email.* |
| **PART 6**  | **Declaration\*** |
| **Declaration** | **By Person Filing the Form** |
| I, the undersigned, do 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 application.  |
|  |  |
| **By Agent**I, the undersigned, do hereby declare that:1. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.
2. 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.
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| **Name** |  |
| **Signature** |  |
| **Date** *(DD/MM/YYYY)* |

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| **No. of Extra Sheets Attached to this Form** |  | sheet(s) |

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| **GST** | **GST INFORMATION** |
| **Tax Invoice\*** |
| *Note:**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 requestor (as in Part 3 of this form) should be inserted in this field.* |