

**GEOGRAPHICAL INDICATIONS ACT 2014
GEOGRAPHICAL INDICATIONS RULES 2019**

FORM GI14	Request for Grounds of Decision in Objection / Opposition Proceedings
<p><i>Pre-requisites:</i> If you intend to attach any documents to this request, please have a copy of the said documents ready.</p> <p><i>Estimated Time:</i> This form may take approximately 1 - 4 minutes to complete.</p> <p><i>General</i> a. * denotes mandatory fields. b. Please note that any fee paid is not refundable.</p>	
PART 1	Reference
Your Reference (If any)	<input style="width: 100%; height: 20px;" type="text"/>
IPOS Reference (if applicable)	<input style="width: 100%; height: 20px;" type="text"/>
PART 2	Geographical Indication (GI) No.*
GI No.*	<input style="width: 100%; height: 20px;" type="text"/>
Case No.*	<input style="width: 100%; height: 20px;" type="text"/>
PART 3	Details of Person Filing this Request for Grounds of Decision*
<p><i>Note: If there is insufficient space, please use the continuation sheet in CS 4.</i></p>	
UEN/Company Code (if applicable)	<input style="width: 100%; height: 20px;" 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 purposes of this application.</p> <p>Block/ House No. <input style="width: 100%; height: 20px;" type="text"/></p> <p>Street Name <input style="width: 100%; height: 20px;" type="text"/></p> <p>Level - Unit <input style="width: 50%; height: 20px;" type="text"/> - <input style="width: 50%; height: 20px;" type="text"/></p> <p>Building Name <input style="width: 100%; height: 20px;" type="text"/></p>

	Postal Code <input type="text"/>
	Overseas address Line 1 <input type="text"/> Line 2 <input type="text"/> Line 3 <input type="text"/>
<i>(Please fill in the relevant fields under "Legal entity" or "Individual")</i>	
<u>Legal entity</u>	
Country/Territory of Incorporation*	<input type="text"/>
State of incorporation <i>(mandatory for US corporations)</i>	<input type="text"/>
Sole proprietor's or partners' name(s) <i>(if sole proprietorship or partnership)</i>	<input type="text"/>
<u>Individual</u>	
Nationality*	<input type="text"/>
Country/Territory of Residency*	<input type="text"/>
Email Address <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>	<input type="text"/>
PART 4	
Hearing Information*	
Date of Hearing <i>(DD/MM/YYYY)</i>	<input type="text"/>
Date of Registrar's Decision <i>(DD/MM/YYYY)</i>	<input type="text"/>

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> <p>d. Please file Form GI4 if you are a different agent or Form GI5 if you have changed your address for service in Singapore.</p>																					
<p>Agent UEN/ Company Code <i>(if available)</i></p> <p>Agent Name</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="10"><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
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<input type="text"/>																					
<p>Representative or C/O Name <i>(if applicable)</i></p>	<input type="text"/>																				
<p>Address for Service in Singapore</p>	<p>Block/ House No. <input type="text"/></p> <p>Street Name <input type="text"/></p> <p>Level - Unit <input type="text"/> - <input type="text"/></p> <p>Building Name <input type="text"/></p> <p>Postal Code <input type="text"/></p>																				
<p>Contact Person <i>(if applicable)</i></p> <p>Direct Telephone No. in Singapore <i>(if available)</i></p> <p>Email Address</p>	<input type="text"/> <input type="text"/> <input type="text"/>																				
PART 6	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> <ul style="list-style-type: none"> i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form. 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>Name</p> <p>Signature</p> <p>Date (DD/MM/YYYY)</p>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 45px; width: 60%;"></div> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> </tr> </table>										
<p>No. of Extra Sheets Attached to this Form</p>	<div style="border: 1px solid black; width: 100px; height: 25px; display: inline-block;"></div> sheet(s)										

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 requestor (as in Part 3 of this form) should be inserted in this field.</p> <div data-bbox="544 629 1358 741" 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.