GEOGRAPHICAL INDICATIONS ACT 2014 GEOGRAPHICAL INDICATIONS RULES 2019

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 a. * denotes mandatory fields. b. 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.*		
Case No.*		
PART 3	Details of Person Filing this Request for Grounds of Decision*	
	Details of Person Filing this Request for Grounds of Decision* please use the continuation sheet in CS 4.	
Note: If there is insufficient space, UEN/Company Code		
Note: If there is insufficient space, UEN/Company Code (if applicable)	please use the continuation sheet in CS 4.	
Note: If there is insufficient space, UEN/Company Code (if applicable) Name		
Note: If there is insufficient space, UEN/Company Code (if applicable) Name Address (Please provide either a Singapore address or an	Singapore address This Singapore address is to be used as the address for	
Note: If there is insufficient space, UEN/Company Code (if applicable) Name Address (Please provide either a Singapore address or an	Singapore address This Singapore address is to be used as the address for service for the purposes of this application. Block/	
Note: If there is insufficient space, UEN/Company Code (if applicable) Name Address (Please provide either a Singapore address or an	Singapore address This Singapore address is to be used as the address for service for the purposes of this application. Block/ House No. Street	

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	Postal Code	
	Overseas addr	ess
	Line 1	
	Line 2	
	Line 3	
(Please fill in the relevant fields un	der "Legal entity" or "Ir	ndividual")
Legal entity		
Country/Territory of		
Incorporation*		
State of incorporation		
State of incorporation (mandatory for US corporations)		
(mandatory for 65 corporations)		
Sole proprietor's or		
partners' name(s)		
(if sole proprietorship or partnershi	0)	
<u>Individual</u>		
Nationality*		
Country/Territory of		
Residency*		
Email Address		
	By providing	an email address, you consent for this to be used as an alternative
	address und	ler Rule 11(9)(b) for correspondence.
PART 4	Hearing Informa	ation*
Date of Hearing		
(DD/MM/YYYY)		
Date of Registrar's Decision		
(DD/MM/YYYY)		

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PART 5 **Contact Details*** Note: 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 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. 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. d. Please file Form GI5 if you are a different agent or Form GI6 if you have changed your address for service in Singapore. Agent UEN/ **Company Code** (if available) **Agent Name** Representative or C/O Name (if applicable) Address for Service in **Singapore** Block/ House No. Street Name Level - Unit Building Name Postal Code **Contact Person** (if applicable) Direct Telephone No. in Singapore (if available) **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.

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	By Agent		
	I, the undersigned, do hereby declare that:		
	 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.		
Name			
Signature			
Date (DD/MM/YYYY)			
No. of Extra Sheets Attached to this Form	sheet(s)		

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GST	GST INFORMATION
Tax Invoice*	
Note:	
	ntity/individual as indicated. Goods and Services Tax (GST)-registered businesses may claim hority of Singapore (IRAS), subject to meeting the requirements under the GST Act.
	The name of the requestor (as in Part 3 of this form) should be inserted in this field.
Name (Tax invoice to be issued to)	

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