

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

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| FORM GI14 | Request for Grounds of Decision in Objection / Opposition Proceedings |
| <p><u>Pre-requisites:</u> If you intend to attach any documents to this request, please have a copy of the said documents ready.</p> <p><u>Estimated Time:</u> This form may take approximately 1 - 4 minutes to complete.</p> <p><u>General</u> a. * denotes mandatory fields. b. Please note that any fee paid is not refundable.</p> | |
| PART 1 | Reference |
| Your Reference (If any) | <input type="text"/> |
| IPOS Reference (if applicable) | <input type="text"/> |
| PART 2 | Geographical Indication (GI) No.* |
| GI No.* | <input type="text"/> |
| Case No.* | <input type="text"/> |
| PART 3 | Details of Person Filing this Request for Grounds of Decision* |
| <i>Note: If there is insufficient space, please use the continuation sheet in CS 4.</i> | |
| UEN/Company Code (if applicable) | <input type="text"/> |
| Name | <input type="text"/> |
| Address (Please provide <u>either</u> a Singapore address or an overseas address) | <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 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> |

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| | 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* |
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| <p>Note:</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> | |
| Agent UEN/ Company Code <i>(if available)</i> Agent Name | <div style="border: 1px solid black; width: 100%; height: 25px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 25px;"></div> |
| Representative or C/O Name <i>(if applicable)</i> | <div style="border: 1px solid black; width: 100%; height: 25px;"></div> |
| Address for Service in Singapore | <div style="margin-bottom: 10px;"> Block/ House No. <div style="border: 1px solid black; width: 50px; height: 15px; display: inline-block; vertical-align: middle;"></div> </div> <div style="margin-bottom: 10px;"> Street Name <div style="border: 1px solid black; width: 80%; height: 20px; display: inline-block; vertical-align: middle;"></div> </div> <div style="margin-bottom: 10px;"> Level - Unit <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block; vertical-align: middle;"></div> - <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block; vertical-align: middle;"></div> </div> <div style="margin-bottom: 10px;"> Building Name <div style="border: 1px solid black; width: 80%; height: 20px; display: inline-block; vertical-align: middle;"></div> </div> <div style="margin-bottom: 10px;"> Postal Code <div style="border: 1px solid black; width: 80px; height: 15px; display: inline-block; vertical-align: middle;"></div> </div> |
| Contact Person <i>(if applicable)</i> Direct Telephone No. in Singapore <i>(if available)</i> Email Address | <div style="border: 1px solid black; width: 100%; height: 25px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 25px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 25px;"></div> |
| PART 6 | Declaration* |
| Declaration | <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> |

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| | <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>Name</p> <p>Signature</p> <p>Date (DD/MM/YYYY)</p> | <div data-bbox="555 539 1369 604" style="border: 1px solid black; height: 29px; width: 100%;"></div> <div data-bbox="555 645 995 759" style="border: 1px solid black; height: 51px; width: 100%;"></div> <div data-bbox="555 792 940 857" style="border: 1px solid black; display: flex; justify-content: space-between;"> <div style="width: 20%; border-right: 1px solid black; height: 29px;"></div> <div style="width: 20%; border-right: 1px solid black; height: 29px;"></div> <div style="width: 20%; border-right: 1px solid black; height: 29px;"></div> <div style="width: 20%; border-right: 1px solid black; height: 29px;"></div> <div style="width: 20%; border-right: 1px solid black; height: 29px;"></div> <div style="width: 20%; height: 29px;"></div> </div> |
| <p>No. of Extra Sheets Attached to this Form</p> | <div data-bbox="555 904 756 969" style="border: 1px solid black; width: 126px; height: 29px; display: inline-block;"></div> sheet(s) |

| GST | GST INFORMATION |
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| 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 743" style="border: 1px solid black; height: 50px; margin-top: 10px;"></div> |

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| Checklist |
| Please make sure you have signed and dated the form. |