

GEOGRAPHICAL INDICATIONS ACT 2014
GEOGRAPHICAL INDICATIONS RULES 2019

FORM GI16	Request to Extract Registrar's Certificate of Taxation																			
<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 - 5 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 <i>(if any)</i>	<input style="width: 100%; height: 20px;" type="text"/>																			
IPOS Reference <i>(if applicable)</i>	<input style="width: 100%; height: 20px;" type="text"/>																			
PART 2	Geographical Indication (GI) No.*																			
GI No.*	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																			
Case No.*	<input style="width: 100%; height: 20px;" type="text"/>																			
PART 3	Details of Person Filing this Request for Certificate of Taxation*																			
<p><i>Note: If there is insufficient space, please use the continuation sheet in CS 4.</i></p>																				
UEN/ Company Code <i>(if available)</i>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																			
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: 100%; height: 20px;" type="text"/></p> <p>Building Name <input style="width: 100%; height: 20px;" type="text"/></p> <p>Postal Code <input style="width: 100%; height: 20px;" type="text"/></p>																			

	<p style="text-align: center;"><u>Overseas address</u></p> <p>Line 1 <input style="width: 100%;" type="text"/></p> <p>Line 2 <input style="width: 100%;" type="text"/></p> <p>Line 3 <input style="width: 100%;" type="text"/></p>																				
<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 style="width: 100%;" type="text"/></p> <p>State of incorporation <input style="width: 100%;" type="text"/> <i>(mandatory for US corporations)</i></p> <p>Sole proprietor's or partners' name(s) <input style="width: 100%;" type="text"/> <i>(if sole proprietorship or partnership)</i></p>																					
<p><u>Individual</u></p> <p>Nationality* <input style="width: 100%;" type="text"/></p> <p>Country/Territory of Residency* <input style="width: 100%;" 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 style="width: 100%; height: 30px;" type="text"/>																				
PART 4	Contact Details*																				
<p><u>Note:</u></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" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <input style="width: 100%; height: 30px; margin-top: 10px;" type="text"/>																				
<p>Representative or C/O Name <i>(if applicable)</i></p>	<input style="width: 100%; height: 30px;" type="text"/>																				

Address for Service in Singapore	Block/ House No. <input type="text"/> Street Name <input type="text"/> Level - Unit <input type="text"/> - <input type="text"/> Building Name <input type="text"/> Postal Code <input type="text"/>
Contact Person <i>(if applicable)</i> Direct Telephone No. in Singapore <i>(if applicable)</i> Email Address	<input type="text"/> <input type="text"/> <input type="text"/>
PART 5	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> <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>
Name Signature	<input type="text"/> <input type="text"/>
Date <i>(DD/MM/YYYY)</i>	<input type="text"/>
No. of Extra Sheets Attached to this Form	<input type="text"/> 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="545 622 1359 736" style="border: 1px solid black; height: 50px; margin-top: 10px;"></div>

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