

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

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| <b>FORM GI10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Application to transfer registration of registered geographical indication</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><u>Pre-requisites:</u></p> <p>a. An address for service in Singapore of the subsequent registrant (transferee) that is furnished with the transferee's authority. This address for service will be effective for all matters in respect of the geographical indication after the transfer.</p> <p>b. One of the following proof of authority or consent to the transfer of registration:</p> <p style="margin-left: 20px;">i. Signatures by the current registrant (transferor) and the subsequent registrant (transferee), or by their authorised representatives, authorising the transfer of registration of the geographical indication to the transferee;</p> <p style="margin-left: 20px;">ii. A copy of the contract or agreement of transfer; or</p> <p style="margin-left: 20px;">iii. A copy of any documentary evidence proving that the transferee consents to having the registration of the geographical indication transferred to the transferee.</p> <p><u>Estimated time:</u><br/>This form may take approximately 5 - 10 minutes to complete.</p> <p><u>Notes:</u></p> <p>a. Please note that this form may only be filed by the current registrant of the geographical indication.</p> <p>b. * denotes mandatory fields.</p> <p>c. The fee for this form is payable in respect of <u>each geographical indication</u>. Any fee paid is not refundable.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PART 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Your reference</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Your reference</b><br><i>(if any)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input style="width: 100%; height: 20px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PART 2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Geographical Indication No.*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><u>Notes:</u><br/>If this application relates to more than one registered geographical indications, please provide the other Geographical Indication Numbers in the continuation sheet CS3. All of the geographical indications indicated must belong to the same registrant.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Geographical Indication No.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input style="width: 100%; height: 20px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PART 3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Details of subsequent registrant (transferee)*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p><u>Notes:</u></p> <p>a. An address for service for the transferee must be furnished with the transferee's authority and it will be effective for all matters in respect of the geographical indication after the transfer.</p> <p>b. If there are more than one subsequent registrants, please fill in the particulars of the subsequent registrant with the aforementioned address for service in this part, and use the continuation sheet CS10 for the remaining registrant(s).</p> <p>c. Please note that all of the subsequent registrant(s) must be entitled to file an application for registration of a geographical indication under section 38 of the Geographical Indications Act 2014.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>UEN / Company Code</b><br><i>(if available)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input style="width: 100%; height: 20px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Capacity of subsequent registrant</b><br><i>(Cross one box only)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>The subsequent registrant is:</p> <p><input type="checkbox"/> a person who is carrying on an activity as a producer in the geographical area with respect to the goods to which the geographical indication applies.</p> <p><input type="checkbox"/> an association of persons who are carrying on activities as producers in the geographical area with respect to the goods to which the geographical indication applies.</p> <p><input type="checkbox"/> a competent authority having responsibility for the geographical indication.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Address**

*(Please provide either a Singapore address or an overseas address)*

Singapore address

The transferee authorises this Singapore address to be used as the address for service for all matters in respect of the registered geographical indication after the transfer.

*(If this checkbox is selected, you do not have to fill in the "Address for service in Singapore" in the next field)*

Block / House No.

Street Name

Level - Unit

 - 

Building Name

Postal Code

Overseas address

Line 1

Line 2

Line 3

**Address for service in Singapore**

*(This address for service is to be furnished with the transferee's authority and will be effective for all matters in respect of the geographical indication after the transfer)*

Agent appointed to act on behalf of the transferee (if any)

Agent UEN /  
Company Code  
*(if available)*

Agent Name

Block / House No.

Street Name

Level - Unit

 - 

Building Name

Postal Code



|                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Address for Service in Singapore</b>                                                                                                             | Block / House No. <input type="text"/><br>Street Name <input type="text"/><br>Level - Unit <input type="text"/> - <input type="text"/><br>Building Name <input type="text"/><br>Postal Code <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Contact Person</b><br><br><b>Direct Telephone No. in Singapore</b><br><i>(if available)</i><br><br><b>Email Address</b><br><i>(if available)</i> | <input type="text"/><br><br><input type="text"/><br><br><input type="text"/><br><br><i>By providing an email address, you consent that we may contact you by email in relation to this application.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>PART 7 Declaration*</b>                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Declaration</b>                                                                                                                                  | <p><b><u>By registrant (transferor)</u></b></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><b><u>By agent</u></b></p> <p>I, the undersigned, do hereby declare that:</p> <ol style="list-style-type: none"> <li>i. I have been duly authorised to act as an agent, for the purpose of this application, on behalf of the registrant (transferor), and</li> <li>ii. the information furnished above on behalf of transferor is true to the best of the transferor's knowledge. The transferor understands that he/she may be liable for criminal prosecution for providing any false information in this application.</li> </ol> |
| <b>Name</b><br><br><b>Signature</b><br><br><b>Date</b><br><i>(DD/MM/YYYY)</i>                                                                       | <input type="text"/><br><br><input type="text"/><br><br><input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

**ANNEX A****Signature of current registrant (transferor) authorising the transfer**Notes:

- a. This annex should be completed if the first checkbox in Part 5 is selected.  
b. If there are more than one current registrants on record, please fill in one Annex A for each of the current registrants.

**Name of current registrant****Name of signatory****Official capacity of signatory****Signature of current registrant***(or his authorised agent)***Date**

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*(DD/MM/YYYY)*

|                |                                                                                 |
|----------------|---------------------------------------------------------------------------------|
| <b>ANNEX B</b> | <b>Signature of subsequent registrant (transferee) authorising the transfer</b> |
|----------------|---------------------------------------------------------------------------------|

*Notes:*  
a. This annex should be completed if the first checkbox in Part 5 is selected.  
b. If there are more than one subsequent registrants (transferee), please fill in one Annex B for each of the subsequent registrants.

|                                                                               |                                                                                                                                                      |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| <b>Name of subsequent registrant</b>                                          | <input type="text"/>                                                                                                                                 |  |  |  |  |  |  |  |  |  |  |
| <b>Name of signatory</b>                                                      | <input type="text"/>                                                                                                                                 |  |  |  |  |  |  |  |  |  |  |
| <b>Official capacity of signatory</b>                                         | <input type="text"/>                                                                                                                                 |  |  |  |  |  |  |  |  |  |  |
| <b>Signature of subsequent registrant</b><br><i>(or his authorised agent)</i> | <input type="text"/>                                                                                                                                 |  |  |  |  |  |  |  |  |  |  |
| <b>Date</b>                                                                   | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table><br><i>(DD/MM/YYYY)</i> |  |  |  |  |  |  |  |  |  |  |
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| GST                                                                                                                                                                                                                                                                                 | GST INFORMATION                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Tax invoice*</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                        |
| <p><u>Notes:</u><br/> <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.</i></p> |                                                                                                                                                                                                        |
| <p><b>Name</b><br/>(Tax invoice to be issued to)</p>                                                                                                                                                                                                                                | <p><i>The name of the current registrant (transferor) should be specified in this field.</i></p> <div data-bbox="572 459 1375 562" style="border: 1px solid black; height: 46px; width: 503px;"></div> |

| <b>Checklist</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Please make sure you have:</p> <ul style="list-style-type: none"> <li>i. Signed and dated the form.</li> <li>ii. Filled up Annexes A and B <u>or</u> attached a copy of the documentary evidence (as indicated in Part 5).</li> <li>iii. Paid the fee for this form or submitted instructions of such payment. <ul style="list-style-type: none"> <li>• 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 <a href="https://www.ipos.gov.sg/payment">https://www.ipos.gov.sg/payment</a>.</li> </ul> </li> </ul> |