

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

<b>FORM GI12</b>	<b>Request to Withdraw Application for Registration of Geographical Indication</b>
<p><u>Estimated time:</u> This form may take approximately 3 - 5 minutes to complete.</p> <p><u>Notes:</u>  a. This form may be filed only by the applicant(s) for registration of the geographical indication.  b. * denotes mandatory fields.  c. There is no fee payable for this form.</p>	
<b>PART 1</b>	<b>Your reference</b>
<b>Your reference</b> (if any)	<input style="width: 100%; height: 20px;" type="text"/>
<b>PART 2</b>	<b>Geographical Indication No.*</b>
<b>Geographical Indication No.</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b>PART 3</b>	<b>Contact details*</b>
<p><u>Notes:</u>  a. If an agent is appointed to act on behalf of the applicant(s) for registration of the geographical indication in respect of this 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.  b. Official correspondence relating to this request will be sent to the address for service in Singapore as indicated in this Part, and the address for service must be the same as the one in our records. If you are not the current agent on record or you have changed your address for service in Singapore, please also file Form GI5 or Form GI6 respectively when you submit this request.</p>	
<b>Agent UEN / Company Code</b> (if available)	<input style="width: 100%; height: 20px;" type="text"/>
<b>Agent Name</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b>Representative or C/O Name</b> (if applicable)	<input style="width: 100%; height: 20px;" type="text"/>
<b>Address for Service in Singapore</b>	<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><b>Contact Person</b></p> <p><b>Direct Telephone No. in Singapore</b> <i>(if available)</i></p> <p><b>Email Address</b> <i>(if available)</i></p>	<div style="border: 1px solid black; height: 25px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 25px; display: flex; justify-content: space-between;"> <div style="width: 10%; height: 25px;"></div> <div style="width: 10%; height: 25px;"></div> <div style="width: 10%; height: 25px;"></div> <div style="width: 10%; height: 25px;"></div> <div style="width: 10%; height: 25px;"></div> <div style="width: 10%; height: 25px;"></div> <div style="width: 10%; height: 25px;"></div> <div style="width: 10%; height: 25px;"></div> </div> <div style="border: 1px solid black; height: 25px; width: 100%; margin-top: 5px;"></div> <p><i>By providing an email address, you consent that we may contact you by email in relation to this request.</i></p>
<b>PART 4</b>	<b>Declaration*</b>
<p><b>Declaration</b></p>	<p><b><u>By the applicant for registration of the geographical indication</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 request.</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 request, on behalf of the applicant for registration of the geographical indication.</li> <li>ii. The information furnished above on behalf of the applicant is true to the best of the applicant's knowledge. The applicant understand that he/she may be liable for criminal prosecution for providing any false information in this request.</li> </ol>
<p><b>Name</b></p> <p><b>Signature</b></p> <p><b>Date</b> <i>(DD/MM/YYYY)</i></p>	<div style="border: 1px solid black; height: 25px; width: 100%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 45px; width: 60%; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 25px; display: flex; justify-content: space-between;"> <div style="width: 10%; height: 25px;"></div> <div style="width: 10%; height: 25px;"></div> <div style="width: 10%; height: 25px;"></div> <div style="width: 10%; height: 25px;"></div> <div style="width: 10%; height: 25px;"></div> <div style="width: 10%; height: 25px;"></div> <div style="width: 10%; height: 25px;"></div> <div style="width: 10%; height: 25px;"></div> </div>