

GEOGRAPHICAL INDICATIONS ACT 2014
GEOGRAPHICAL INDICATIONS RULES 2019

FORM GI3	Application to Renew Registration of Geographical Indication / Request for Continued Processing of an Application for Registration of Geographical Indication That Was Treated as Abandoned										
<p><u>Pre-requisites:</u> You will need the following to complete the form:</p> <p>a. In respect of an application for renewal of registration of a geographical indication, the expiry date of the geographical indication.</p> <p>b. In respect of a request for continued processing, the time period specified by the Registrar to comply with rule 86 of the Geographical Indications Rules 2019.</p> <p><u>Estimated time:</u> This form may take approximately 2 - 7 minutes to complete.</p> <p><u>Notes:</u></p> <p>a. * denotes mandatory fields.</p> <p>b. The fee for this form is payable in respect of <u>each geographical indication</u>. Any fee paid is not refundable.</p> <p>c. If the application for the renewal of registration of a geographical indication is made in the period of 6 months after the date of expiry of the registration, the application must also be accompanied by the post expiration renewal fee.</p>											
PART 1	Reference										
<p>Your reference (if any)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>IPOS reference (mandatory for request for continued processing)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>											
PART 2	Purpose of this application/request*										
<p>Purpose of this application/request (Cross one box only)</p>	<p><input type="checkbox"/> Continued processing of an application for registration that was treated as abandoned (if this box is crossed, please complete Part 3A below)</p> <p><input type="checkbox"/> Renewal of registration (if this box is crossed, please complete Part 3B below)</p>										
PART 3A	Request for continued processing										
<p><u>Notes:</u> Please note that:</p> <p>a. the request must be made within 2 months from the expiry of the period prescribed by the Registrar for the applicant to respond; and</p> <p>b. the applicant for registration of the geographical indication must, <u>at the time of making this request</u>, do the act(s) stated in the Registrar's written notice to which the applicant has failed to respond in time (i.e. make written representations, apply to amend the application for registration, and/or furnish information or evidence).</p>											
<p>Geographical Indication No.</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>										
<p>Deadline to respond to the Registrar's written notice</p>	<div style="border: 1px solid black; padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black; height: 15px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 15px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 15px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 15px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 15px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 15px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 15px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 15px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 15px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 15px;"></td> </tr> </table> <p style="text-align: center; margin-top: 5px;">(DD/MM/YYYY)</p> </div>										

<p>The applicant has (Cross at least one box)</p>	<p><input type="checkbox"/> Made representations in writing</p> <p><input type="checkbox"/> Applied to amend the application for registration by filing the relevant form</p> <p><input type="checkbox"/> Furnished the information or evidence required by the Registrar</p>										
<p>PART 3B Application to renew registration of geographical indication(s)</p>											
<p><i>Notes:</i> You may file a single Form GI3 to renew the registration of more than one geographical indications. Please provide the details of one geographical indication below and use the continuation sheet CS11 for the remaining geographical indications.</p>											
<p>Geographical Indication No.</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<p>Date of expiry of registration (DD/MM/YYYY)</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>										
<p>PART 4A Party filing this application/request*</p>											
<p><i>Notes:</i> In respect of a request for continued processing, please note that only the applicant for registration of the geographical indication may make this request.</p>											
<p>This form is filed by or on behalf of (Cross one box only)</p>	<p><input type="checkbox"/> the Applicant/Registrant of the abovementioned Geographical Indication No. (if this box is crossed, please proceed to Part 5)</p> <p><input type="checkbox"/> other party/parties (only applicable for an application to renew the registration of a geographical indication) (if this box is crossed, please complete Part 4B below)</p>										
<p>PART 4B Particulars of party filing the application for renewal of registration</p>											
<p><i>Notes:</i> a. Please complete this part only if you have indicated in Part 4A that the party filing the application for renewal is <u>not the registrant(s)</u>. b. If there is more than one party filing the application for renewal, please provide the particulars of the other parties in the continuation sheet CS1.</p>											
<p>UEN / Company Code (if available)</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>										
<p>Name</p>	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>										
<p>Address (Please provide <u>either</u> a Singapore address or an overseas address)</p>	<p><u>Singapore address</u></p> <p><input type="checkbox"/> This Singapore address is to be used as the address for service for the purpose of this application.</p> <p>Block / House No. <table border="1" style="display: inline-table; width: 100px; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p> <p>Street Name <div style="border: 1px solid black; width: 150px; height: 25px; display: inline-block;"></div></p>										

	<p>Level - Unit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Building Name <input type="text"/></p> <p>Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
	<p><u>Overseas address</u></p> <p>Line 1 <input type="text"/></p> <p>Line 2 <input type="text"/></p> <p>Line 3 <input 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*</p> <p>State of incorporation <i>(mandatory for US corporations)</i></p> <p>Sole proprietor's or partners' name(s) <i>(if sole proprietorship or partnership)</i></p>	<input type="text"/> <input type="text"/> <input type="text"/>
<p><u>Individual</u></p>	
<p>Nationality*</p> <p>Country/Territory of residency*</p>	<input type="text"/> <input type="text"/>
<p>PART 5</p>	<p>Contact details*</p>
<p><u>Notes:</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 4B and checked the box in that field, you do not have to fill in this part.</p> <p>c. Official correspondence relating to this application/request will be sent to the address for service in Singapore as indicated in this Part or in Part 4B, where applicable. 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 application/request.</p>	
<p>Agent UEN / Company Code <i>(if available)</i></p> <p>Agent Name</p>	<input type="text"/> <input type="text"/>
<p>Representative or C/O Name <i>(if applicable)</i></p>	<input 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 Direct Telephone No. in Singapore <i>(if available)</i> Email Address <i>(if available)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <i>By providing an email address, you consent that we may contact you by email in relation to this application/request.</i>
PART 6	Declaration*
Declaration	<p><u>By party 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> <ol style="list-style-type: none"> i. I have been duly authorised to act as an agent, for the purpose of this application/request, on behalf of the party filing this form, and ii. the information furnished above on behalf of that party is true to the best of that party's knowledge. He/She understands that he/she may be liable for criminal prosecution for providing any false information in this application/request.
Name Signature Date <i>(DD/MM/YYYY)</i>	<input type="text"/> <input type="text"/> <input type="text"/>

GST	GST INFORMATION
Tax invoice*	
<p><i>Notes:</i></p> <p><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>Name (Tax invoice to be issued to)</p>	<p><i>The name of the party filing the application/request (as indicated in Part 4A of this form) is to be specified in this field.</i></p> <div data-bbox="555 528 1369 640" style="border: 1px solid black; height: 50px; width: 100%;"></div>

Checklist
<p>Please make sure you have:</p> <ul style="list-style-type: none"> i. Signed and dated the form. ii. Done the act(s) required by the Registrar, if Part 3A is filled.