

GEOGRAPHICAL INDICATIONS ACT 2014
GEOGRAPHICAL INDICATIONS RULES 2019

FORM GI5	Request to Appoint, Change or Remove Agent
<p><u>Estimated time:</u> <i>This form may take approximately 4 - 7 minutes to complete.</i></p> <p><u>Notes:</u> a. * denotes mandatory fields. b. If you are an agent and you wish to change your name and/or Singapore address appearing in the register, please file Form GI6 instead. c. Please note that any fee paid is not refundable.</p>	
PART 1	Your reference
Your reference <i>(if any)</i>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
PART 2	Geographical Indication No.*
<p><u>Notes:</u> a. All of the Geographical Indication No. indicated below must pertain to the same party indicated in Part 3. b. Please use the continuation sheet CS3 if the fields below are insufficient.</p>	
Geographical Indication No.	<div style="border: 1px solid black; height: 25px; width: 100%; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 25px; width: 100%; margin-bottom: 10px;"></div> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
PART 3	Party for whom the agent is appointed, changed or removed*
Party for whom the agent is appointed, changed or removed <i>(Cross one box only)</i>	<p><input type="checkbox"/> Applicant / Registrant of the above geographical indication(s)</p> <p><input type="checkbox"/> Other party appearing in the register <i>(Please state the party's details below)</i></p> <p>UEN / Company Code <i>(if available)</i></p> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; text-align: center; margin-left: 20px;"> </div> <p>Name</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-left: 20px;"></div>
PART 4	Nature of request*
Nature of request <i>(Cross one box only)</i>	<p><input type="checkbox"/> Request to appoint or change an agent</p> <p><input type="checkbox"/> Request to remove an agent on record</p>

PART 5	Matter in respect of which the agent is appointed, changed or removed*
<p>Matter in respect of which the agent is appointed, changed or removed (Cross one box only)</p>	<p><input type="checkbox"/> For all matters relating to the application for registration and/or the registration of the geographical indication(s) indicated in Part 2, except those matters expressly excluded</p> <p><input type="checkbox"/> For all matters on behalf of the Initiator of the following opposition or objection proceeding(s) (Please state the Case No(s).) <input type="text"/></p> <p><input type="checkbox"/> For all matters on behalf of the Respondent of the following opposition or objection proceeding(s) (Please state the Case No(s).) <input type="text"/></p> <p><input type="checkbox"/> Other matters (Please state the specific matter below) <input type="text"/></p>
PART 6	Details of new agent (for request to appoint or change an agent)
<p><u>Notes:</u> Please skip this part if you are requesting to remove an agent on record.</p>	
<p>Agent UEN / Company Code (if available)</p> <p>Agent Name</p>	<p><input type="text"/></p> <p><input type="text"/></p>
<p>Address for Service in Singapore</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> <p>Postal Code <input type="text"/></p>

PART 7	For request to remove an agent on record
<i>Please skip this part if you are requesting to appoint or change an agent.</i>	
PART 7A	New address for service in Singapore
<p><u>Notes:</u></p> <p>a. For the purposes of any proceedings before the Registrar, an address for service (AFS) in Singapore is required. Please fill in the AFS of the party (indicated in Part 3) in the following fields.</p> <p>b. If the party does not have an AFS in Singapore but you would still like to proceed with the request to cease to act as his agent, please fill in Part 7B instead.</p>	
Representative or C/O Name <i>(if applicable)</i>	<input type="text"/>
Address for Service in Singapore	<p>Block / House No. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Street Name <input type="text"/></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"/></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>
Email Address	<input type="text"/> <p><i>Please note that if an email address is provided, it is deemed that the party indicated in Part 3 had given consent for this email address to be used as an alternative address under rule 11(9)(b) for correspondence.</i></p>
PART 7B	Notice of intention to cease to act for a party with no address for service in Singapore
<p><u>Notes:</u></p> <p>a. If you intend to cease to act as the agent for the party (indicated in Part 3) for whom an address for service in Singapore is not provided under Part 7A, you are required to perform the following acts:</p> <ol style="list-style-type: none"> Provide the party's latest address, including any email address, on your records; Give reasonable notice to the party of your intention to cease to act as his agent and inform the party of the consequences of not appointing a substitute agent or furnishing an address for service in Singapore; and Serve this form on the party at the same time you file it with the Registry. <p>b. If you fail to perform any of the above acts, the Registrar may not remove your particulars as the agent on our records and this request will be treated as withdrawn.</p>	
Latest address of the party in Part 3	<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>Email address <input type="text"/></p>
<input type="checkbox"/>	I have given reasonable notice to the party indicated in Part 3 of my intention to cease to act as the agent on his behalf and informed him of the consequences of not appointing a substitute agent or furnishing an address for service for the matter indicated in Part 5. A copy of this form will be served on the party at the same time it is filed with the Registrar.

PART 8	Effective date											
<p><i>Notes:</i></p> <p>a. Please specify the date on which the request to appoint, change or remove the agent should take effect. The effective date must be any date that is up to two weeks from the day this form is filed.</p> <p>b. If an effective date is not indicated, the request will take effect on the day this form is filed.</p>												
Effective date	<div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">/</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> <p>(DD/MM/YYYY)</p> </div>			/			/					
		/			/							
PART 9	Contact details*											
This form is filed by	<p><input type="checkbox"/> Newly appointed agent indicated in Part 6</p> <p><input type="checkbox"/> Existing agent on record</p> <p><input type="checkbox"/> Party indicated in Part 3</p>											
Contact Person Direct Telephone No. in Singapore <i>(if available)</i> Email Address <i>(if available)</i>	<div style="margin-bottom: 10px;"> <input style="width: 100%; height: 25px;" type="text"/> </div> <div style="margin-bottom: 10px;"> <table border="1" style="margin: auto;"> <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> </tr> </table> </div> <div style="margin-bottom: 10px;"> <input style="width: 100%; height: 25px;" type="text"/> </div> <p style="font-size: small;"><i>By providing an email address, you consent that we may contact you by email in relation to this application. You can expect to receive payment instructions via email.</i></p>											

PART 10	Declaration by person filing this form*
Declaration	<p><u>By party indicated in Part 3</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 form.</p> <p><u>By agent</u></p> <p>I, the undersigned, do hereby declare that:</p> <ul style="list-style-type: none"> i. I have been duly authorised to act as an agent on behalf of the party indicated in Part 3. ii. The information furnished above on behalf of the party is true to the best of his/her knowledge. He/She understands that he/she may be liable for criminal prosecution for providing any false information in this form.
Name Signature Date <i>(DD/MM/YYYY)</i>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 60%; margin-top: 10px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>

GST	GST INFORMATION
Tax invoice*	
<p><u>Notes:</u> <i>Tax invoice will be issued to the entity/individual as indicated in the field below. 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 indicated in Part 3 of this form is to be specified in this field.</i></p> <div data-bbox="544 486 1366 600" style="border: 1px solid black; height: 50px; width: 100%;"></div>