SINGAPORE PATENTS ACT (CHAPTER 221) PATENTS RULÈS

PATENTS FORM 10



Request for Search Report or Supplementary Search Report

Pre-requisites:

a. If you are making a request under the ASEAN Patent Examination Co-operation (ASPEC) programme, please refer to the ASPEC Notice and Procedures available on IPOS's website at http://www.ipos.gov.sg for the documents that need to be filed together with this form.

<u>Estimated Time:</u> This form may take approximately 5 - 8 minutes to complete.

General:

* denotes mandatory fields.

 b. Attention is drawn to sections 104 and 105 of the Patents Act, rules 90 and 105 of the Patents Rules, and the Patents (Patent Agents) Rules 2001. 				
PART 1 Reference				
Applicant/ Agent Reference				
PART 2 Application No.*				
Application No.*				
PART 3 Name of Applic	cant*			
Note: If there is insufficient space,	please use the continuation sheet CS 4.			
UEN/ Company Code (if applicable)				
Name				
Sole Proprietor or Partners' Name (if sole proprietorship or partnership)				
PART 4 Request Type*				
Note: If the request is for a supple.	Note: If the request is for a supplementary search report, please indicate the claim(s) to be searched.			
Request Type (<u>Note</u> :Cross only one checkbox)	Request for a search report			
	Request for a supplementary search report in respect of a second or subsequent invention identified in the claim numbers:			

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PART 5 ASEAN Patent	Examination Co-operation (ASPEC)	
ASPEC (<u>Note</u> : Please cross if applicable)	ASPEC requested	
PART 6 Contact Details	5*	
Note: a. Where an agent with UEN is appointed, the fields for "Agent UEN/ Company Code", "Agent Name" and "Address for Service in Singapore" should be completed. Where an individual or an agent without UEN is appointed, the sub-field "Representative or C/O Name" and "Address for Service in Singapore" should be completed instead. b. The official correspondence will be sent to the address for service in Singapore as indicated in this box, and must be the same as the one on our record. c. Please file Form CM1 if you are a different agent or Form CM2 if you have changed your address for service in Singapore.		
Agent UEN/ Company Code		
Agent Name		
Representative or C/O Name		
	Address for Service in Singapore Block/ House No. Street Name Level - Unit Building Name Postal Code	
Contact Person (if applicable)		
Direct Telephone No. (if applicable)		
Email Address (if applicable)		

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PART 7	Declaration*	
	Declaration	By Person Filing the Form
		I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge.
		By Agent
		I, the undersigned, do hereby declare that :
		 I have been duly authorised to act as an agent on behalf of the person(s) filing this form.
		ii. The information furnished above on behalf of the person(s) filing this form is true to the best of the person(s)' knowledge.
	Name	
	Signature	
	Date (DD/MM/YYYY)	
	f Extra Sheets ed to this Form	sheet(s)

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GST	GST INFORMATION	
Tax Invoice*		
Note:		
	ntity/individual as indicated. Goods and Services Tax (GST)-registered businesses may claim nority of Singapore (IRAS), subject to meeting the requirements under the GST Act.	
Name (Tax invoice to be issued to)	The name of the Applicant (as in PART 3 of this form) is to be indicated in this field.	

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