


**SINGAPORE PATENTS ACT (CHAPTER 221)
PATENTS RULES**

<p>PATENTS FORM 11C</p>  <p style="text-align: center;">*2009*</p>	<p>Notice of Intention to Rely on International Preliminary Report on Patentability</p>																				
<p><u>Pre-requisites:</u></p> <p>a. This form should be filed only for an application which is an international application that has entered national phase in Singapore before 14/02/2014 and having a date of filing on or after 01/07/2004.</p> <p><u>Estimated Time:</u> This form may take approximately 3 - 5 minutes to complete.</p> <p><u>General:</u></p> <p>a. * 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.</p>																					
PART 1 Reference																					
Applicant/ Agent Reference	<input style="width: 100%; height: 20px;" type="text"/>																				
PART 2 Application No.*																					
Application No.*	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																				
PART 3 Name of Applicant*																					
<p><i>Note: If there is insufficient space, please use the continuation sheet CS 4.</i></p>																					
UEN/ Company Code <i>(if applicable)</i>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																				
Name	<input style="width: 100%; height: 40px;" type="text"/>																				
Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	<input style="width: 100%; height: 40px;" type="text"/>																				
PART 4 Notice of Intention*																					
Notice of Intention*	I/ We confirm that the said applicant(s) intend(s) to rely on the international preliminary report on patentability under section 29(2)(e)(ii) of the Patents Act.																				
PART 5 Contact Details*																					
<p><u>Note:</u></p> <p>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.</p> <p>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.</p> <p>c. Please file Form CM1 if you are a different agent or Form CM2 if you have changed your address for service in Singapore.</p>																					
Agent UEN/ Company Code	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																				
Agent Name	<input style="width: 100%; height: 20px;" type="text"/>																				

Representative or C/O Name	<input type="text"/>
	<p>Address for Service in Singapore</p> <p>Block/ House No. <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>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"/><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"/><input type="text"/><input type="text"/></p>
<p>Contact Person <i>(if applicable)</i></p> <p>Direct Telephone No. <i>(if applicable)</i></p> <p>Email Address <i>(if applicable)</i></p>	<p><input type="text"/></p> <p><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"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p><input type="text"/></p>
PART 6 Declaration*	
Declaration	<p><u>By Person Filing the Form</u></p> <p>I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge.</p> <p><u>By Agent</u></p> <p>I, the undersigned, do hereby declare that :</p> <p>i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.</p> <p>ii. The information furnished above on behalf of the person(s) filing this form is true to the best of the person(s)' knowledge.</p>
<p>Name</p> <p>Signature</p> <p>Date <i>(DD/MM/YYYY)</i></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><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"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
No. of Extra Sheets Attached to this Form	<input type="text"/> sheet(s)