


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

<p>PATENTS FORM 12</p>  <p style="text-align: center; margin-top: 5px;">*2010*</p>	<p>Request for Examination Report</p>																		
<p><u>Pre-requisites:</u></p> <p>a. If you are relying on an International Search Report or a Search Report of a corresponding application, corresponding international application or related national phase application, this form is to be accompanied by:</p> <ul style="list-style-type: none"> - A copy of the search report and if this report is not in English, a verified English translation of the report. - Each cited document referred to in the search report. - If one or more cited document referred to the search report is not in English, a list of references to the patent family members of these cited documents and where this list is not in English, a verified English translation of this list. <p>b. If you are making a request under the ASEAN Patent Examination Co-operation (ASPEC) programme or a request under the Patent Prosecution Highway (PPH), please refer to the ASPEC or PPH Notice and Procedures available on IPOS's website at http://www.ipos.gov.sg for the documents to be filed together with this form.</p> <p><u>Estimated Time:</u> This form may take approximately 8 - 12 minutes to complete.</p> <p><u>General:</u></p> <p>a. * denotes mandatory fields.</p> <p>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> </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> </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 Request Type*																			
Request Type* <i>(Note: Cross only one checkbox)</i>	<p><input type="checkbox"/> Request for an examination report relying on a search report issued by the Registrar</p> <p><input type="checkbox"/> Request for an examination report relying on an international search report</p>																		

	<input type="checkbox"/> Request for an examination report relying on the search report of a corresponding application, corresponding international application or related national phase application Application/ Patent No. <input type="text"/> Prescribed Patent Office/ PCT <input type="text"/>
PART 5 Additional Information Required for Patents Form 12 filed on or after 01 Apr 2017	
Number of Claims	<input type="text"/> claim(s)
PART 6 ASEAN Patent Examination Co-operation (ASPEC) / Patent Prosecution Highway (PPH)	
ASPEC / PPH <i>(Note: Please cross if applicable)</i>	<input type="checkbox"/> ASPEC / PPH requested and required documents are attached
PART 7 Contact Details*	
<p><i>Note:</i></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	<input type="text"/>
Agent Name	<input type="text"/>
Representative or C/O Name	<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 <i>(if applicable)</i>	<input type="text"/>
Direct Telephone No. <i>(if applicable)</i>	<input type="text"/>

Email Address <i>(if applicable)</i>	<input type="text"/>										
PART 8 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> <ul style="list-style-type: none"> i. 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 <i>(DD/MM/YYYY)</i>	<input type="text"/> <input type="text"/> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
No. of Extra Sheets Attached to this Form	<input type="text"/> sheet(s)										

GST	GST INFORMATION
Tax Invoice*	
<p><u>Note:</u> 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.</p>	
<p>Name (Tax invoice to be issued to)</p>	<p>The name of the Applicant (as in PART 3 of this form) is to be indicated in this field.</p> <div data-bbox="545 607 1359 721" style="border: 1px solid black; height: 50px; width: 100%;"></div>