


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

<p>PATENTS FORM 12</p>  <p style="text-align: center; color: red;">*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><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 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>																				

	<p>Request for an examination report relying on the search report of a corresponding application, corresponding international application or related national phase application</p> <p><input type="checkbox"/></p> <p>Application/ Patent No. <input type="text"/></p> <p>Prescribed Patent Office/ PCT <input type="text"/></p>
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 Grace Period	
Grace Period <i>(Note: Please cross if applicable)</i>	<input type="checkbox"/> There has been a disclosure of matter of the invention 12 months prior to the date of filing this application
PART 7 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 8 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"/>
	<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>

<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>	<input data-bbox="552 120 1362 181" type="text"/> <input data-bbox="552 208 935 268" type="text"/> <input data-bbox="552 300 1362 360" type="text"/>
PART 9 Declaration*	
<p>Declaration</p>	<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>	<input data-bbox="552 898 1362 958" type="text"/> <input data-bbox="552 1001 991 1115" type="text"/> <input data-bbox="552 1149 935 1209" type="text"/>
<p>No. of Extra Sheets Attached to this Form</p>	<input data-bbox="552 1261 751 1321" 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>