


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

PATENTS FORM 12B  *2012*	Request for Report of Examiner's Review																				
<p><i>Estimated Time:</i> This form may take approximately 5 - 8 minutes to complete.</p> <p><i>General:</i> 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: 90%; height: 20px;" type="text"/>																				
IPOS Reference <i>(if applicable)</i>	<input style="width: 90%; height: 20px;" type="text"/>																				
PART 2 Application No.*																					
Application No.*	<table border="1" style="border-collapse: collapse; width: 100%; text-align: center;"><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><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>																				
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="border-collapse: collapse; width: 100%; text-align: center;"><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><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>																				
Name	<input style="width: 90%; height: 40px;" type="text"/>																				
Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	<input style="width: 90%; height: 40px;" type="text"/>																				
PART 4 Document furnished*																					
Document furnished <i>(Note: Cross only one checkbox)</i>	<p><input type="checkbox"/> Written submissions only are filed</p> <p><input type="checkbox"/> Written submissions and proposed amendments are filed (proposed amendments to be filed with PF13)</p>																				

PART 5 Contact Details**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

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Agent Name

Representative or C/O Name

Address for Service in Singapore

Block/ House No.

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Street Name

Level - Unit

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Building Name

Postal Code

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Contact Person
(if applicable)

Direct Telephone No.
(if applicable)

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Email Address
(if applicable)

PART 6 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. 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.

<p>Name</p> <p>Signature</p> <p>Date (DD/MM/YYYY)</p>	<input data-bbox="552 109 1364 172" type="text"/> <input data-bbox="552 212 991 327" type="text"/> <input data-bbox="552 360 935 425" type="text"/>
<p>No. of Extra Sheets Attached to this Form</p>	<input data-bbox="552 472 750 537" 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="544 607 1358 719" style="border: 1px solid black; height: 50px; margin-top: 10px;"></div>