


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

PATENTS FORM 12B/13  *2012*	Request for an Examination Review Report with the Request to Amend Application Before Grant
<p><i>Pre-requisites:</i></p> <p><i>If you are making an amendment, this form is to be accompanied by both clean and marked-up copy of the page(s) of the document to be amended. The marked-up copy of the proposed amendment should be clearly indicated in the following manner:</i></p> <p>a. Any text, figure or other matter that are to be replaced or deleted to be struck through; and b. Any replacement text, figure or other matter to be underlined.</p> <p><i>Estimated Time:</i> This form may take approximately 5 - 8 minutes to complete.</p> <p><i>General:</i> a. * denotes mandatory field. b. Please note that any fee paid is not refundable.</p>	
PART 1 Reference	
Applicant/Agent Reference IPOS Reference	
PART 2 Application No.*	
Application No.*	
PART 3 Name of Applicant*	
<p><i>Note: If there is insufficient space, please use the continuation sheet CS 4.</i></p>	
Applicants	1 Type of Applicant UEN/ Company Code Name Address Type Address Is SME Country of Incorporation Sole Proprietor or Partners' Names
PART 4 Document furnished*	
Document furnished (<i>Note: Cross only one checkbox</i>)	<input type="checkbox"/> Written submissions are furnished <input type="checkbox"/> Written submissions and proposed amendments are furnished
PART 5 Grace Period	

<p>Grace Period (<i>Note: Please cross if applicable</i>)</p>	<input type="checkbox"/> There has been a disclosure of matter of the invention 12 months prior to the date of filing this application
<p>PART 6 Amendments to be Made</p>	
<p>A Summary Explanation of the Amendments Sought should be Indicated in the Box Provided</p>	
<p>PART 7 Contact Details*</p>	
<p><i>Note:</i> a. The email address and telephone number provided are for contact purposes in case of query. 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 lodge CM1 if you are a different agent or have changed your address for service in Singapore.</p>	
<p>Agent UEN/Company Code</p> <p>Agent Name</p>	
<p>Representative or C/O Name</p>	
	<p>Address for Service in Singapore</p> <p>Block/ House No.</p> <p>Street Name</p> <p>Level - Unit</p> <p>Building Name</p> <p>Postal Code</p>
<p>Contact Person</p> <p>Direct Telephone No.</p> <p>Email Address</p>	
<p>PART 8 Declaration*</p>	
<p>Declaration</p>	<p><u>By Person Filing the Application</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, for the purposes of this application, on behalf of the person(s) filing this request. ii. The information furnished above on behalf of the person(s) filing this request is true to the best of the person(s)' knowledge.
<p style="text-align: center;">Name</p> <p style="text-align: center;">Signature</p> <p style="text-align: center;">Date (DD/MM/YYYY)</p>	
<p>No. of Extra Sheets Attached to this Form</p>	<p style="text-align: center;">sheet(s)</p>

GST Information

The tax invoice will be issued to:

Name: