


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

<p>PATENTS FORM 13</p>  <p style="text-align: center;">*2013*</p>	<p>Request to Amend Application Before Grant</p>																			
<p>Pre-requisites:</p> <p>a. This form should be filed only if you are amending an application for a patent before grant. If you wish to amend the specification of a patent that has been granted, please file Patents Form 17 instead.</p> <p>b. If you are making an amendment of the description, claims, drawings or abstract, this form is to be accompanied by a copy of the amended sheet(s), with the proposed amendment clearly indicated in the following manner:</p> <ul style="list-style-type: none"> - Any text, figure or other matter that are to be replaced or deleted to be struck through; and - Any replacement text, figure or other matter to be underlined. <p>c. If you are filing a response to written opinion, and intend to make written submissions and amend the specification of the application, they have to be filed at the same time.</p> <p>d. If you are making a request under the ASEAN Patent Examination Co-operation (ASPEC) programme, please refer to the ASPEC Notice and Procedures available on IPOS's website at http://www.ipos.gov.sg for the documents that need to be filed together with this form.</p> <p>Estimated Time: This form may take approximately 8 - 12 minutes to complete.</p> <p>General:</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																				
<p>Applicant/ Agent Reference</p>	<input style="width: 100%; height: 20px;" type="text"/>																			
<p>IPOS Reference <i>(if applicable)</i></p>	<input style="width: 100%; height: 20px;" type="text"/>																			
PART 2 Application No.*																				
<p>Application No.*</p>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>																			
<p>Title of Invention</p>	<input style="width: 100%; height: 40px;" type="text"/>																			
PART 3 Name of Applicant*																				
<p>Note: If there is insufficient space, please use the continuation sheet CS 4.</p>																				
<p>UEN/ Company Code <i>(if applicable)</i></p>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>																			
<p>Name</p>	<input style="width: 100%; height: 40px;" type="text"/>																			
<p>Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i></p>	<input style="width: 100%; height: 40px;" type="text"/>																			

PART 4 Reason for Making the Amendment*

Reason for Making the Amendment* (<i>Note: Cross only one checkbox</i>)	<input type="checkbox"/> In response to the Registrar's formalities examination adverse report <input type="checkbox"/> In response to the Registrar's notification under section 30(6) of the Patent Act and in force immediately before 14 February 2014 or objections to Section 13 (2)/(3) of the Patent Act <input type="checkbox"/> Voluntary amendment <input type="checkbox"/> In response to a written opinion issued for an application with a date of filing before 1 July 2004 <input type="checkbox"/> Related to Rule 47 (6) with the date of filing on or after 14 February 2014
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PART 5 Amendments to be Made*

Note: A summary explanation of the amendments sought should be indicated in the box provided below, including the page number of the page(s) of the document you are proposing to amend. If you are making an amendment to file a Patents Form 1, this form is to be accompanied by a copy of the Patents Form 1.

Summary Explanation of the Amendments Sought	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
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Amendment of Patents Form 1	<input type="checkbox"/>	
Amendment of Title of Invention	<input type="checkbox"/>	
Amendment of Description with Claim(s)	<input type="text"/>	sheet(s)
Amendment of Description without Claim(s)	<input type="text"/>	sheet(s)
Amendment of Claim(s) only	<input type="text"/>	sheet(s)
Amendment of Drawing(s)	<input type="text"/>	sheet(s)
Amendment of Abstract	<input type="text"/>	sheet(s)

PART 6 ASEAN Patent Examination Co-operation (ASPEC)	
ASPEC <i>(Note: Please cross if applicable)</i>	<input type="checkbox"/> ASPEC requested
PART 7 Contact Details*	
<i>Note:</i> 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 Agent Name	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Representative or C/O Name	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
	Address for Service in Singapore Block/ House No. <div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div> Street Name <div style="border: 1px solid black; width: 100%; height: 20px; display: inline-block;"></div> Level - Unit <div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div> Building Name <div style="border: 1px solid black; width: 100%; height: 20px; display: inline-block;"></div> Postal Code <div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>
Contact Person <i>(if applicable)</i> Direct Telephone No. <i>(if applicable)</i> Email Address <i>(if applicable)</i>	<div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

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	<input style="width: 100%; height: 25px;" type="text"/>										
Signature	<input style="width: 100%; height: 50px;" type="text"/>										
Date (DD/MM/YYYY)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> </tr> </table>										
No. of Extra Sheets Attached to this Form	<input style="width: 100px; height: 25px;" type="text"/> sheet(s)										