


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

<p>PATENTS FORM 19</p>  <p style="text-align: center;">*2018*</p>	<p>Application for Restoration of Patent</p>																				
<p><u>Pre-requisites:</u> a. This form is to be accompanied by a statutory declaration or affidavit and any supporting documents setting out the grounds for the application for restoration.</p> <p><u>Estimated Time:</u> This form may take approximately 6 - 9 minutes to complete.</p> <p><u>General:</u> 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>																					
<p>PART 1 Reference</p>																					
<p style="text-align: center;">Applicant/ Agent Reference</p>	<input style="width: 100%; height: 20px;" type="text"/>																				
<p>PART 2 Application No.*</p>																					
<p style="text-align: center;">Application No.*</p>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <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>																				
<p style="text-align: center;">Title of Invention</p>	<input style="width: 100%; height: 20px;" type="text"/>																				
<p>PART 3 Name of Proprietor*</p>																					
<p><i>Note: If there is insufficient space, please use the continuation sheet CS 4.</i></p>																					
<p style="text-align: center;">UEN/ Company Code <i>(if applicable)</i></p>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <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>																				
<p style="text-align: center;">Name</p>	<input style="width: 100%; height: 40px;" type="text"/>																				
<p style="text-align: center;">Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i></p>	<input style="width: 100%; height: 40px;" type="text"/>																				
<p>PART 4 Details of Person Seeking to Renew the Patent</p>																					
<p><i>Note: If the person(s) filing this request is/are the proprietor(s) mentioned in part 3 above, this part is to be left empty. If there is insufficient space, please use the continuation sheet CS 1.</i></p>																					
<p style="text-align: center;">UEN/ Company Code <i>(if applicable)</i></p>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <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>																				
<p style="text-align: center;">Name</p>	<input style="width: 100%; height: 40px;" type="text"/>																				
<p style="text-align: center;">Address</p>	<p style="text-align: center;">Singapore Address</p> <p><input type="checkbox"/> This Singapore address is to be used as the address for service for the purposes of this form. <i>(Note: If this is crossed, it is not necessary to fill up the address for service in</i></p>																				

	<i>Singapore in part 6.)</i>
	<p>Block/ House No. <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p>Street Name <input type="text"/></p> <p>Level - Unit <input type="text" value=""/><input type="text" value=""/> - <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p>Building Name <input type="text"/></p> <p>Postal Code <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p>
	<p>Foreign Address</p> <p>Line 1 <input type="text"/></p> <p>Line 2 <input type="text"/></p> <p>Line 3 <input type="text"/></p>
<p>Nationality or Country of Incorporation*</p> <p>State of Incorporation <i>(mandatory for USA corporations)</i></p> <p>Country of Residency <i>(mandatory for individuals)</i></p> <p>Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
PART 5 Contact Details*	
<p><u>Note:</u></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 address for service in Singapore need not be filled up if the person's address in Part 4 is to be used as an address for service in Singapore.</p> <p>c. For the purpose of renewal and/or restoration, the official correspondence will be sent to the address for service in Singapore as indicated in this box.</p>	
<p>Agent UEN/Company Code</p> <p>Agent Name</p>	<p><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p> <p><input type="text"/></p>
<p>Representative or C/O Name</p>	<p><input type="text"/></p>
	<p>Address for Service in Singapore</p>

	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> Direct Telephone No. <i>(if applicable)</i> Email Address <i>(if applicable)</i>	<input type="text"/> <input type="text"/> <input type="text"/>
PART 6 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. I understand that I may be liable for criminal prosecution for providing any false information in this application.</p> <p><u>By Agent</u></p> <p>I, the undersigned, do hereby declare that:</p> <ol 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. I understand that I may be liable for criminal prosecution for providing any false information in this application.
Name Signature Date <i>(DD/MM/YYYY)</i>	<input type="text"/> <input type="text"/> <input type="text"/>
No. of Extra Sheets Attached to this Form	<input type="text"/> sheet(s)

GST	GST INFORMATION
Tax Invoice*	
<p><i>Note:</i> 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><i>The name of the Proprietor (as in Part 3 of this form) should be inserted in this field.</i></p> <div data-bbox="544 600 1358 714" style="border: 1px solid black; height: 50px; width: 100%;"></div>