**SINGAPORE PATENTS ACT (CHAPTER 221)**

**PATENTS RULES**

**PATENTS FORM 1/8** **Request for the Grant of a Patent / Statement of Inventorship and Right to Grant of Patent**



*Pre-requisites:*

1. *Among other requirements, a Date of Filing will be issued only if a description of the invention is filed or if a complete and valid statement is made under Part 9 of this form.*

*Estimated Time:*

*This form may take approximately15 - 20minutes to complete.*

*General:*

1. *\* denotes mandatory field.*

**PART 1** **Claiming the Filing Date of an Earlier Singapore Application**

|  |  |  |  |
| --- | --- | --- | --- |
| This application is |  | A divisional of an earlier Singapore application. |  |
|  |  |
|  |  |  |  |
|  |  | Application No. |  |
|  |  |  Filing Date (*DD/MM/YYYY*)  |  |
|  |  |  |  |

An application filed in response to an order by the Registrar after determination of a question regarding the entitlement of an earlier Singapore application.

Application No.

Filing Date

*(DD/MM/YYYY)*

I choose not to rely on the auto-populated information, changes will be made to the auto-populated information as below.

Yes  No

**PART 2** **Reference**

Applicant/Agent

Reference

**PART 3** **Title of Invention\***

Title of Invention\*

**PART 4** **Details of Applicant\***

*Note: If there is insufficient space, please use the continuation sheet CS 1.*

Foreign

Individual

|  |  |
| --- | --- |
| Applicants |  **Type of Applicant** Corporate |
|  |  **UEN/ Company Code** |
|  |  **Name** |
|  | Singapore **Address Type** |
|  |  |

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Application No:



 **Address**

No

Yes

**Is SME**

**Citizenship**

 **Residency Country**

 **Sole Proprietor or**

 **Partners' Names**

**PART 5** **Declaration of Priority under Section 17(2)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Declaration of |  |  |  |  |  |
|  | **Application No.** | **Country** | **Filing Date** |  |
| Priority(s) under |  |  |  |  |  |
| Section 17(2) |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |

**PART 6** **Inventor\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. | Are all applicants | Yes | No |  |
|  | named above also |  |
|  |  |  |  |
|  | inventors? |  |  |  |
| B. | If yes, are there | Yes | No |  |
|  | any other |  |
|  |  |  |  |
|  | inventors? |  |  |  |
|  |  |  |  |  |

**PART 7** **Details of Inventor**

*Note: If there is insufficient space, please use the continuation sheet CS 5.*

**The above inventor was resident of Singapore at any time during the period of invention**

|  |  |
| --- | --- |
| Inventor |  **Name** |
|  |  **Company UEN** |
|  |  **Care Of** |
|  | Foreign **Address Type** |
|  | Singapore **Address** |
|  |  **Nationality** |
|  |  **Country of Residency** |

**PART 8** **Derivation of Right**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The Applicants Derived |  |  | By Contract of Employment |  |
|  |  |
| the Right from the |  |  |  |
|  |  |  |  |
| Inventor to be Granted |  |  |  |
| the Said Application\* |  | By Assignment of Invention |  |
| (*Note: Only one checkbox may* |  |  |  |
| *be crossed)* |  |  |  |  |
|  |  |

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Application No:



Others *(Please specify below)*

**PART 9** **Micro-Organism Deposited under the Budapest Treaty**

The invention requires the use of a micro-organism and for disclosure purposes, a culture of the micro-organism has been deposited for with an international depository authority under the Budapest Treaty.

**PART 10** **Description Incorporated by Reference to an Earlier Relevant Application**

No description is filed with this request. Instead the description of the invention for which the patent is sought is incorporated in the application by reference to, and is completely contained in, the following earlier relevant application, as filed:

Country

Application No.

Filing Date *(DD/MM/YYYY)*

**PART 11** **Contact Details\***

*Note:*

*a. This part need not be filled up if the person's address in Part 4 is to be used as an address for service in Singapore.*

*b. The email address and telephone number provided are for contact purposes in case of query.*

*c. The official correspondence will be sent electronically via IP2SG.*

Agent UEN/Company

Code

Agent Name

Representative or C/O

Name

Address for Service in Singapore

Block/ House No.

Street Name

Level - Unit

Building Name

Postal Code

Contact Person

Direct Telephone No.

Email Address

**PART 12** **Checklist\***

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|  |  |  |
| --- | --- | --- |
|  |  | Application No: |
|  |  |
| Checklist A | The application consists of the following no. of sheets |
|  | Description | sheet(s) |
|  | Claim | sheet(s) |
|  | Drawing | sheet(s) |
|  | Abstract | sheet(s) |
|  | Sequence Listing | sheet(s) |

*(Note:Please indicate on the abstract the figure of the drawing, if any, which should accompany the abstract when published)*

|  |  |  |
| --- | --- | --- |
| Total number of | sheet(s) |  |
| sheets |  |  |  |
| **PART 13 Declaration\*** |  |  |  |
| Declaration | **Statement** |  |  |

I/ We believe that the person(s) stated in Part 7 is/ are the inventor(s) of the invention in respect of which the patent application is made.

I/ We also consent to the publication of the details contained herein to each of the inventors as stated in Part 7.

**By Person Filing the Application**

I 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.

**By Agent**

I do hereby declare that:

1. I have been duly authorised to act as an agent, for the purposes of this application, on behalf of the person(s) filing this form.
2. 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

*(DD/MM/YYYY)*

|  |  |  |  |
| --- | --- | --- | --- |
| No. of Extra Sheets |  | sheet(s) |  |
| Attached to this Form |  |
|  |  |  |
|  |  |  |  |

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**GST Information**

The tax invoice will be issued to:

Name:

Application Number:

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