


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

<p>PATENTS FORM 2</p>  <p style="text-align: center;">*5201*</p>	<p>Reference to Registrar on Determination of Entitlement to Patent before or after Grant</p>																				
<p><u>Pre-requisites:</u> a. Please have a statement setting out fully the nature of the question, the facts relied upon and the order or other relief sought ready.</p> <p><u>Estimated Time:</u> This form may take approximately 9 - 13 minutes to complete.</p> <p><u>General</u> a. * denotes mandatory field. 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: 100%; height: 20px;" type="text"/>																				
PART 2 Application No.*																					
Application No.*	<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>																				
PART 3 Name of Applicant/ Proprietor of the Patent*																					
<p><u>Note:</u> If there is insufficient space, please use the continuation sheet in CS 4.</p>																					
UEN/ Company Code <i>(if applicable)</i>	<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>																				
Name	<input style="width: 100%; height: 40px;" type="text"/>																				
Sole Proprietor or Partners' Name <i>(if sole proprietorship or partnership)</i>	<input style="width: 100%; height: 40px;" type="text"/>																				
PART 4 Details of Person Making the Reference*																					
<p><u>Note:</u> If there is insufficient space, please use the continuation sheet in CS 1.</p>																					
UEN/ Company Code <i>(if applicable)</i>	<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>																				
Name	<input style="width: 100%; height: 40px;" type="text"/>																				
Address	<p>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 Singapore in part 6.)</i></p>																				

	<p>Block/ House No. <input type="text"/></p> <p>Street Name <input type="text"/></p> <p>Level - Unit <input type="text"/> - <input type="text"/></p> <p>Building Name <input type="text"/></p> <p>Postal Code <input type="text"/></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>
<p>PART 5 Question Referred to in the Accompanying Statement*</p>	
<p>The Question in the Accompanying Statement that is Referred to the Registrar <i>(Cross only one box)</i></p>	<p><input type="checkbox"/> Section 20(1)(a) - whether the person is entitled to be granted a patent for that invention or has or would have any right in or under any patent so granted or any application for such a patent</p> <p><input type="checkbox"/> Section 20(1)(b) - whether any right in or under application should be transferred or granted to any other person</p> <p><input type="checkbox"/> Section 47(1)(a) - who is/ are the true proprietor(s) of the patent</p> <p><input type="checkbox"/> Section 47(1)(b) - whether the patent should have been granted to the person(s) to whom it was granted</p> <p><input type="checkbox"/> Section 47(1)(c) - whether any right in/ under the patent should be transferred or granted to any other person(s)</p>

PART 6 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 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.
- c. For the purpose of this proceeding, official correspondences will be sent to the address for service in Singapore as indicated in this box.

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 7 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="552 472 750 535" 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 person making the reference (as in Part 4 of this form) should be inserted in this field.</p> <div data-bbox="544 591 1358 703" style="border: 1px solid black; height: 50px; margin: 10px 0;"></div>