


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

<b>PATENTS FORM 35</b>   *5209*	<b>Application for Revocation of Patent</b>
<p><u>Pre-requisites:</u></p> <p>a. Please have a statement setting out fully the grounds of revocation, including the facts relied upon and the relief sought ready.</p> <p><u>Estimated Time:</u> This form may take approximately 6 - 9 minutes to complete.</p> <p><u>General</u></p> <p>a. * denotes mandatory field.</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> <p>c. If the declaration "A copy has been served on the other party at the same time" is not selected, the document will not be taken as filed.</p>	
<b>PART 1 Reference</b>	
Applicant/ Agent Reference	<input style="width: 100%;" type="text"/>
<b>PART 2 Application No.*</b>	
Application No.*	<input style="width: 100%; height: 20px;" type="text"/>
<b>PART 3 Name of Proprietor of the Patent*</b>	
<i>Note: If there is insufficient space, please use the continuation sheet in CS 4.</i>	
UEN/ Company Code <i>(if applicable)</i>	<input style="width: 100%; height: 20px;" type="text"/>
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"/>
<b>PART 4 Details of Person Filing the Application for Revocation*</b>	
<i>Note: If there is insufficient space, please use the continuation sheet CS 5.</i>	
UEN/ Company Code <i>(if applicable)</i>	<input style="width: 100%; height: 20px;" type="text"/>
Name	<input style="width: 100%; height: 40px;" type="text"/>
Address	Singapore Address  <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 5.)</i>

	<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><b>PART 5 Contact Details*</b></p>	
<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 this proceeding, official correspondences 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"/></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> <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=""/><input type="text" value=""/></p> <p>Street Name <input type="text" value=""/></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=""/></p> <p>Building Name <input type="text" value=""/></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=""/><input type="text" value=""/></p>
<p>Contact Person <i>(if applicable)</i></p> <p>Direct Telephone No. <i>(if applicable)</i></p> <p>Email Address <i>(if applicable)</i></p>	<p><input type="text" value=""/></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" value=""/></p>
<b>PART 6 Declaration*</b>	
<p>Declaration</p>	<p><b><u>By Person Filing the Form</u></b></p> <p>I, the undersigned, do hereby declare that the information furnished above is true to the best of my knowledge.</p> <p><b><u>By Agent</u></b></p> <p>I, the undersigned, do hereby declare that :</p> <p>i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.</p> <p>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>
	<p><input type="checkbox"/> A copy has been served on the other party at the same time.</p>
<p>Name</p> <p>Signature</p> <p>Date <i>(DD/MM/YYYY)</i></p>	<p><input type="text" value=""/></p> <p><input type="text" value=""/></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>No. of Extra Sheets Attached to this Form</p>	<p><input type="text" value=""/> sheet(s)</p>

GST	GST INFORMATION
<b>Tax Invoice*</b>	
<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>The name of the Person Filing the Application for Revocation (as in Part 4 of this form) should be inserted in this field.</p> <div data-bbox="545 595 1358 710" style="border: 1px solid black; height: 50px; margin-top: 10px;"></div>