

	<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 9.)</i> Block/ House No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Street Name <input type="text"/> Level – Unit No. # (If applicable) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Building Name (If applicable) <input type="text"/> Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Foreign Address Line 1 <input type="text"/> Line 2 <input type="text"/> Line 3 <input type="text"/>
Nationality* (<i>for individuals</i>) or Country of Incorporation* (<i>for corporations</i>) State of Incorporation* (<i>mandatory only for USA corporations</i>) Country of Residency* (<i>mandatory only for individuals</i>) Sole Proprietor or Partners' Name (<i>if applicable</i>) Company Profile (<i>for Singapore incorporated businesses only. Please cross if applicable</i>)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Small and Medium Enterprise ¹ <small>¹ Small and medium-sized enterprises in Singapore will be defined as businesses with annual sales turnover of not more than \$100 million or employing no more than 200 staff.</small>
PART 5 International Filing Date*	
International Filing Date* (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PART 6 Earliest Declared Priority Date	
Earliest Declared Priority Date (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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PART 8 Request for Early National Phase Entry																																									
Request for Early National Phase Entry <i>(Note: Please cross if applicable)</i>	<input type="checkbox"/> I/We expressly requests the Registrar to proceed earlier with the national phase of the application.																																								
PART 9 Contact Details*																																									
<p><i>Note:</i></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. The official correspondence will be sent to the address for service in Singapore as indicated in this box.</p> <p>d. The agent has to be a Singapore registered patent agent, or an advocate and solicitor, who has in force a practising certificate. Please refer to Singapore Patents Act Section 105 for details.</p>																																									
Agent UEN/ Company Code <i>(If applicable)</i>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																								
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Email Address <i>(if applicable)</i>	<input type="text"/>										
PART 10 Declaration*											
Declaration	<p><u>By Person Filing the Application</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, for the purposes of this application, 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 of Declarant*	<input type="text"/>										
Signature*	<input type="text"/>										
Date* <i>(DD/MM/YYYY)</i>	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
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>The name of the Applicant (as in PART 4 of this form) is to be indicated in this field.</p> <div data-bbox="544 607 1358 719" style="border: 1px solid black; height: 50px; width: 100%;"></div>