


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

<p>PATENTS FORM 38</p>  <p style="text-align: center;">*2020*</p>	<p>Payment of Fee for Publication of Translation of International Application and/ or any Amendment to International Application</p>																				
<p><u>Pre-requisites:</u></p> <p>a. This form should be filed only if an English translation of the international application or of an amendment to the international application has been filed with the Registry</p> <p><u>Estimated Time:</u> This form may take approximately 3 - 5 minutes to complete.</p> <p><u>General:</u></p> <p>a. * denotes mandatory fields.</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>																					
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*																					
<p><u>Note:</u> If there is insufficient space, please use the continuation sheet 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 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 official correspondence will be sent to the address for service in Singapore as indicated in this box, and must be the same as the one on our record.</p> <p>c. Please file Form CM1 if you are a different agent or Form CM2 if you have changed your address for service in Singapore.</p>																					
Agent UEN/ Company Code	<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>																				
Agent Name	<input style="width: 100%; height: 20px;" type="text"/>																				
Representative or C/O Name	<input style="width: 100%; height: 20px;" type="text"/>																				

	<p>Address for Service in Singapore</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>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"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
PART 5 Declaration*	
<p>Declaration</p>	<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> <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. I understand that I may be liable for criminal prosecution for providing any false information in this application.</p>
<p>Name</p> <p>Signature</p> <p>Date <i>(DD/MM/YYYY)</i></p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>No. of Extra Sheets Attached to this Form</p>	<p><input type="text"/> sheet(s)</p>

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 3 of this form) is to be indicated in this field.</p> <div data-bbox="544 622 1358 736" style="border: 1px solid black; height: 50px; margin-top: 10px;"></div>