


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

<p><b>PATENTS FORM 57</b></p>  <p style="text-align: center;">*2039*</p>	<p><b>Addition, Correction or Late Declaration of Priority</b></p>																				
<p><u>Pre-requisites:</u>  a. If you are requesting for permission to make a late declaration of priority under rule 9A(2) together with a request for a priority declaration to be added under rule 9(2) or a request for a correction of previously made priority declaration under rule 9(3), the fee for each request type is payable.</p> <p><u>Estimated Time:</u>  This form may take approximately 8 - 12 minutes to complete.</p> <p><u>General:</u>  a. * denotes mandatory fields.  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>																					
<b>PART 1 Reference</b>																					
Applicant/ Agent Reference	<input style="width: 100%; height: 25px;" type="text"/>																				
IPOS Reference <i>(if applicable)</i>	<input style="width: 100%; height: 25px;" type="text"/>																				
<b>PART 2 Application No.*</b>																					
Application No.*	<table border="1" style="width: 100%; height: 25px; 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>																				
<b>PART 3 Name of Applicant*</b>																					
<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: 25px; 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"/>																				
<b>PART 4 Priority Details*</b>																					
<p><i>Indicate below the details of the priority application relevant to this declaration/request.</i></p>																					
Country	<input style="width: 100%; height: 25px;" type="text"/>																				
Application No. <i>(if applicable)</i>	<input style="width: 100%; height: 25px;" type="text"/>																				
Filing Date <i>(DD/MM/YYYY)</i>	<table border="1" style="width: 100%; height: 25px; 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>																				

<b>PART 5 Type of Declaration or Request*</b>	
Type of Declaration or Request* <i>(Note: Cross only one checkbox)</i>	<input type="checkbox"/> A priority declaration under Rule 9(2)  <input type="checkbox"/> A request under Rule 9(3) to correct a mistake in a priority declaration  <input type="checkbox"/> A request under Rule 9A(2) for permission to make a late priority declaration  <input type="checkbox"/> A priority declaration under Rule 9(2) and a request under Rule 9A(2) for permission to make a late priority declaration  <input type="checkbox"/> A request under Rule 9(3) to correct a mistake in a priority declaration and a request under Rule 9A(2) for permission to make a late priority declaration
<b>PART 6 Reason for the Failure to File the Application in Suit Within the Period Referred to in Section 17(2A)(a)</b>	
<i>Note: This Part is to be completed if in Part 5 a request is made under rule 9A(2) for permission to make a late priority declaration.</i>	
Reason <i>(Note: Cross only one checkbox)</i>	<input type="checkbox"/> Occurred in spite of due care required by the circumstances having been taken  <input type="checkbox"/> Unintentional
Detailed Explanation of the Reason is Indicated in this Box or in the Copy of the Evidence Filed with this Form.	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<b>PART 7 Contact Details*</b>	
<i>Note:</i> 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 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. c. Please file Form CM1 if you are a different agent or Form CM2 if you have changed your address for service in Singapore.	
Agent UEN/ Company Code	<div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> <span style="width: 10%;"></span> </div>
Agent Name	<div style="border: 1px solid black; width: 100%; height: 25px;"></div>
Representative or C/O Name	<div style="border: 1px solid black; width: 100%; height: 25px;"></div>

	<p>Address for Service in Singapore</p> <p>Block/ House No. <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Street Name <input type="text"/></p> <p>Level - Unit <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"/></p> <p>Building Name <input type="text"/></p> <p>Postal Code <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><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"/><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"/><input type="text"/></p> <p><input type="text"/></p>
<b>PART 8 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>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"/><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"/><input type="text"/></p>
<p>No. of Extra Sheets Attached to this Form</p>	<p><input type="text"/> 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 Applicant (as in PART 3 of this form) is to be indicated in this field.</p> <div data-bbox="576 569 1333 674" style="border: 1px solid black; height: 50px; margin-top: 20px;"></div>