



	<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*</p> <p>State of Residency <i>(mandatory for USA)</i></p> <p>Country of Permanent Residence* <i>(mandatory for individuals)</i></p> <p>The Above Inventor was Resident in Singapore at Any Time during the Period of Invention?</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>PART 6 Derivation of Right*</b></p>	
<p>The Applicants Derived the Right from the Inventor to be Granted the Said Application* <i>(Note: Only one checkbox may be crossed)</i></p>	<p><input type="checkbox"/> By Contract of Employment</p> <p><input type="checkbox"/> By Assignment of Invention</p> <p><input type="checkbox"/> Others <i>(Please specify below)</i></p> <p><input type="text"/></p>

**PART 7 Contact Details\***Note:

- 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.
- The address for service in Singapore need not be filled up if the person's address in Part 5 is to be used as an address for service in Singapore.
- 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.
- 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  Agent Name	<input type="text"/>  <input type="text"/>
Representative or C/O Name	<input type="text"/>
	<b>Address for Service in Singapore</b> Block/ House No. <input type="text"/>  Street Name <input type="text"/>  Level - Unit <input type="text"/> - <input type="text"/>  Building Name <input type="text"/>  Postal Code <input type="text"/>
Contact Person <i>(if applicable)</i>  Direct Telephone No. <i>(if applicable)</i>  Email Address <i>(if applicable)</i>	<input type="text"/>  <input type="text"/>  <input type="text"/>
<b>PART 8 Statement</b>	
Statement	I/ We believe that the person(s) stated in part 5 is/ are the inventor(s) of the invention in respect of which the patent application is made. I/ We also consent to the publication of the details contained herein to each of the inventors as stated in part 5.

<b>PART 9 Declaration*</b>											
Declaration	<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. I understand that I may be liable for criminal prosecution for providing any false information in this application.</p> <p><b><u>By Agent</u></b></p> <p>I, the undersigned, do hereby declare that:</p> <ol style="list-style-type: none"> <li>i. I have been duly authorised to act as an agent on behalf of the person(s) filing this form.</li> <li>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.</li> </ol>										
Name	<input style="width: 100%; height: 25px;" type="text"/>										
Signature	<input style="width: 100%; height: 45px;" type="text"/>										
Date (DD/MM/YYYY)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> </tr> </table>										
No. of Extra Sheets Attached to this Form	<input style="width: 100%; height: 25px;" type="text"/> sheet(s)										