**SINGAPORE PATENTS ACT (CHAPTER 221)**

PATENTS RULES

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| **PATENTS FORM 13A** | Response to Written Opinion | | | |
|  |
| *Pre-requisites:*   1. *This form should be filed only in response to an invitation to respond to a Written Opinion issued by the Registrar.* 2. *If you intend to make written submissions and amend the specification of the application as your response to the written opinion, they have to be filed at the same time.* 3. *If you are making an amendment, this form is to be accompanied by both clean and marked-up copy of the page(s) of the document to be amended. The marked-up copy of the proposed amendments should be clearly indicated in the following manner:*  * *Any text, figure or other matter that are to be replaced or deleted to be struck through; and* * *Any replacement text, figure or other matter to be underlined.*  1. *If you are making a request under the ASEAN Patent Examination Co-operation (ASPEC) programme, please refer to the ASPEC Notice and Procedures available on IPOS's website at http://www.ipos.gov.sg for the documents that need to be filed together with this form*   *Estimated Time:*  *This form may take approximately 8 - 12 minutes to complete.*  *General:*   1. *\* denotes mandatory fields.* 2. *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.* | | | | |
| **PART 1 Reference** | | | | |
| Applicant/ Agent  Reference  IPOS Reference  *(if applicable)* |  | | | |
| **PART 2 Application No.\*** | | | | |
| Application No.\*  Title of Invention |  | | | |
| **PART 3 Name of Applicant\*** | | | | |
| *Note: If there is insufficient space, please use the continuation sheet CS 4.* | | | | |
| Applicants | |  |  |  | | --- | --- | --- | |  |  |  | | | | |
| **PART 4 Amendments to be Made\*** | | | | |
| A Summary Explanation of the Amendments and/or Written Submission Sought should be Indicated in the Box Provided\* |  | | | |
| **PART 5 Checklist\*** | | | | |
| The response consists of the following | | | | |
| Written Submissions in relation to the Written Opinion |  | | |  |
| Amendment or Proposed Amendment of the Specification |  | | |  |
| **PART 6 Grace Period** | | | | |
| Grace Period | There has been a disclosure of matter of the invention 12 months prior to the date of filing this application | | | |
| **PART 7 ASEAN Patent Examination Co-operation (ASPEC)** | | | | |
| ASPEC  *(Note:* *Please cross if applicable)* | ASPEC requested | | | |
| **PART 8 Contact Details\*** | | | | |
| *Note:*  *a. The email address and telephone number provided are for contact purposes in case of query.*  *b. The official correspondence will be sent electronically via IP2SG.*  *c. The address for service reflected below must be the same as the one on our records. If you are a different agent, please file Form CM1.* | | | | |
| Agent UEN/ Company Code |  | | | |
| Agent Name |  | | | |
| Representative or C/O Name |  | | | |
|  | Address for Service in Singapore | | | |
|  | Block/ House No. | |  | |
|  | Street Name | |  | |
|  | Level - Unit | |  | |
|  | Building Name | |  | |
|  | Postal Code | |  | |
| Contact Person |  | | | |
| Direct Telephone No. |  | | | |
| Email Address |  | | | |
| **PART 9 Declaration\*** | | | | |
| Declaration | **By Person Filing the Application** | | | |
| I 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. | | | |
|  | **By Agent** | | | |
| I do hereby declare that :   1. I have been duly authorised to act as an agent, for the purposes of this application, on behalf of the person(s) filing this request. 2. The information furnished above on behalf of the person(s) filing this request 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 |  | | | |
| Signature |  | | | |
| Date  *(DD/MM/YYYY)* |  | | | |
| No. of Extra Sheets Attached to this Form |  | sheet(s) | | |